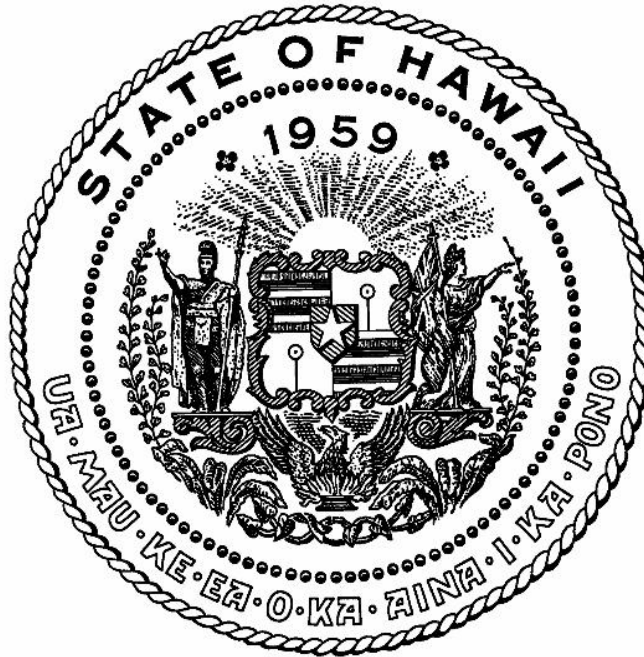


Hawaii Employer-Union Health Benefits Trust Fund

RETIREE BENEFIT PLANS REFERENCE GUIDE (EUTF and HSTA VB)



Effective January 1, 2014 – December 31, 2014

Retirees and their dependents who are or soon will be eligible for Medicare please note:

Hawaii law requires that you enroll in Medicare Part B when you become eligible in order to enroll in any EUTF retiree medical and/or prescription drug plan. Please see page 34 for more information on this important topic.

Disclaimer: This Reference Guide offers general information on your health and other benefit plans which are exclusively governed by Hawaii Statutes, the EUTF Administrative Rules as they are amended from time to time and the carrier plan documents all of which are available at eutf.hawaii.gov. Nothing in this Reference Guide is intended to amend, change, or contradict these documents. This Reference Guide is not a legal document or contract and the information in the Reference Guide is not intended as legal advice or to create any legal or contractual liabilities.

September 2013

Aloha Retirees!

We are pleased to present to you the 2014 Retiree Reference Guide. Inside you will find detailed information about the health benefit plans available to you beginning January 1, 2014. The retiree benefit plans and rates contained in this Guide are for the period January 1, 2014 through December 31, 2014.

We know you worked hard as a State or County employee to earn your retirement benefits. I can assure you the EUTF Board of Trustees and EUTF staff are working hard to provide you with the best health plans possible to take care of your needs in retirement.

We hope you find the Guide helpful in meeting your informational needs. Remember, for more information on EUTF Retiree plans, the EUTF website at eutf.hawaii.gov contains links to all carrier plans.

Linda Currivan Musto
Chair, EUTF Board of Trustees

This guide can be made available to individuals who have special needs or who need auxiliary aids for effective communication (i.e., large print or audiotape), as required by the Americans with Disabilities Act of 1990.

Please contact the EUTF office at 808-586-7390 or toll-free at 1-800-295-0089 for special needs assistance.

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Welcome to Open Enrollment for EUTF Retiree Benefit Plans

The Open Enrollment period for EUTF Retiree Health and Life insurance plans will be from October 4 through October 31, 2013.

Why is Open Enrollment special?

Now is the time when you can stop and think about health coverage for yourself and your family and determine which plan offered will best meet your needs. During open enrollment you can:

- Add a plan, change from one plan to another, or drop a plan
- Add a dependent or drop a dependent
- Change coverage tiers such as changing from single to family or family to 2-party
- Now is also a good time to tell us if you've had a change of address

Open enrollment is your only opportunity to make these changes without a qualifying event such as needing to enroll a new dependent due to marriage or a birth. Paperwork must be submitted during the open enrollment period for changes to become effective January 1, 2014. So, **now is the time to think about health benefits.**

Here are the important dates:

- **Open Enrollment Election Period: October 4, 2013 through October 31, 2013**
- New coverage becomes effective: January 1, 2014
- Rates change effective: January 1, 2014
- The Base Monthly Contribution amount which sets the employer contribution maximum changes January 1, 2014.
- Plan Period: January 1, 2014 through December 31, 2014

Here's what you need to do now:

- **Know what you are enrolled in now:** What plans are you enrolled in? Who are the dependents enrolled on your plans?
- **If you or your dependent are eligible for Medicare or will be this year:** Review the Medicare section so you are aware of how this will affect your plans and the State's Medicare Part B enrollment requirements.
- **Learn what's being offered:** Read this Reference Guide to learn more about the plans and their cost. Attend an Open Enrollment informational session to get more details and talk to carrier representatives.
- **Make a decision about which plans best suit your needs**
- **Fill out the appropriate form:** Please refer to page 4 for complete enrollment instructions.

IF YOU DON'T WANT TO MAKE ANY CHANGES – DO NOTHING. If you don't fill out a form, your current plan selections and eligible covered dependents will continue into the new plan year.

Plan Administrator Changes

There are no changes to the EUTF and HSTA VB plans. HSTA VB refers to plans created for HSTA members who were previously enrolled in the HSTA VEBA plan.

Note: The enrollment of HSTA VEBA members into the health plans created as a result of Judge Sakamoto's decision in the Gail Kono lawsuit was done to comply with that decision and not to create any constitutional or contractual right to the benefits provided by those plans. Please note that the State has appealed the decision and reserves the right to move former HSTA VEBA members into regular EUTF plans if that decision is overturned or modified.

Open Enrollment Instructions

- Step 1:** **Review the choices available to you and decide whether you want to change or keep your plans.** If you decide to keep your current plans, do nothing. You are not required to complete any forms to keep your current plans.
- Step 2:** **Gather Information:** If you have questions about your plan choices, please attend an Open Enrollment Informational Session. The schedule of sessions with location information is on page 6.
- Representatives from the health plans and life insurance carrier will be on hand to present an overview of their plans and answer your questions.
- Step 3:** **Which Plans do you want to enroll in?** Review this Reference Guide and determine which selection of health plans best meets your needs. The EUTF website, eutf.hawaii.gov, includes links to insurance carriers' web pages along with the latest information regarding the open enrollment. Questions regarding specific provisions such as are certain services covered should be directed to the carriers.
- Step 4:** **How much will it cost you?** The premium rates which appear in this Guide show the full cost for each plan. If you pay a percentage of the cost, you will also need to reference the 2014 Base Monthly Contribution Amount (BMC).
- Step 5:** **Who do you need to cover?** You can add or drop dependents from your plan, including a spouse, domestic partner (DP), civil union partner (CUP) or eligible children. Adding a domestic or civil union partner requires additional documentation. Please contact the EUTF to obtain the appropriate forms or go to the EUTF website, eutf.hawaii.gov, to download those forms. Refer to the Employee – Dependent Eligibility section of this Guide for details on who can be enrolled as an eligible dependent.

Also, if your dependent is **eligible for Medicare**, they must be enrolled in Medicare Part B to be covered under EUTF retiree medical and/or prescription drug plans.

Step 6: Complete the Enrollment Form: Make your selections on the Form EC-2 or EC-2H for those eligible for HSTA VB plans and submit the completed and signed form to the EUTF, postmarked no later than October 31, 2013.

A: To make changes to your personal information, such as your address, complete Section 1, Retiree Data on the EC-2 or EC-2H form.

B: To change your plans or coverage selection, complete Section 3, Plan Selection on the EC-2 or EC-2H form. Please mark all the coverages you want to be enrolled in, not just the ones you want to change.

C: To change dependent information, including adding or dropping dependents or updating their data, complete Section 4, Dependent Information and Plan Selection, of the EC-2 or EC-2H form.

NOTE: If you are adding a dependent, you are required to submit your dependent's Social Security number at the initial enrollment (except newborns).

Step 7: THE MOST IMPORTANT STEP: REVIEW YOUR COMPLETED FORM. Make sure these are the plans you want and the dependents you want to cover are eligible for coverage. You will not be able to change your selections after Open Enrollment ends, unless you experience a qualifying event.

Last Step: Submit the completed and signed form to the EUTF postmarked no later than October 31, 2013.

FORMS SUBMITTED AFTER OCTOBER 31, 2013 WILL BE REJECTED.

The EUTF will send you an enrollment **confirmation notice** after processing is completed. The confirmation notice allows you to ensure that the changes you submitted were entered correctly. If you note an error, notify the EUTF immediately. **However, after October 31, 2013 we can only make changes if there is an error in our processing. We cannot change the selections you made on the original form submitted.**

IMPORTANT: If any of your dependents are no longer eligible due to a divorce, reaching the maximum child age or losing full-time student status, they cannot continue to be covered under the EUTF plans. You are required to notify the EUTF and make these terminations when these events occur. Do not wait for open enrollment to submit these terminations.

Schedule of Open Enrollment Informational Sessions for Retirees

2013 Open Enrollment Schedule for Retirees			
Date	Location	Room	Time *
Oct. 7	Molokai	Mitchell Pauole Community Center	9:00-10:30am, 11:00-12:30 pm
Oct. 8	Honolulu	HGEA Meeting Hall- 1 st floor	9:00-10:30am, 11:00-12:30 pm
Oct. 9	Kauai	War Memorial Gym	9:00-10:30am, 11:00-12:30 pm
Oct. 10	Maui	Wailuku Community Center- Velma “McWayne” Santos Center	9:00-10:30am, 11:00-12:30 pm
Oct. 11	Kapolei	UH West Oahu- E132 Laboratory	9:00-10:30am, 11:00-12:30 pm
Oct. 14	Kona	Old Kona Airport	9:00-10:30am, 11:00-12:30 pm
Oct. 15	Windward	Windward Community College	9:00-10:30am, 11:00-12:30 pm
Oct. 16	Hilo	Aunt Sally’s Luau Hale	9:00-10:30am, 11:00-12:30 pm
Oct. 17	Pearl City	Leeward Community College- Tech Room	9:00-10:30am, 11:00-12:30 pm

***Informational Session presentation to start promptly at the designated start time.**

MOLOKAI

Mitchell Pauole Community Center
90 Ainoa Street
Kaunakakai, HI 96748

KAUAI

War Memorial Convention Center
4191 Hardy Street
Lihue, HI 96766

MAUI

Wailuku Community Center- Velma “McWayne” Santos Center
395 Waena Place
Wailuku, HI 96793

HAWAII - KONA

Old Kona Airport
75-5530 Kuakini Highway
Kailua-Kona, HI 96740

HAWAII - HILO

Aunt Sally's Luau Hale
799 Piilani Street
Hilo, HI 96720

OAHU

HGEA Meeting Hall- 1st floor
888 Mililani Street
Honolulu, HI 96813

University of Hawaii- West Oahu College
UHWO Campus Center- E132 Laboratory
91-1001 Farrington Highway
Kapolei, HI 96707

Windward Community College
Hale Kuhina Room 115
45-720 Keaahala Road
Kaneohe, HI 96734

Leeward Community College
General Technology Room 105- Tech Room
96-045 Ala Ike Street
Pearl City, HI 96782

Retiree and Dependent Eligibility

Eligibility for coverage is determined by Hawaii Statute and by the Administrative Rules adopted by the EUTF Board of Trustees. Requests for enrollments, terminations, and other changes must be submitted to the EUTF. If you have any questions concerning eligibility provisions, you should refer to the Administrative Rules posted on the EUTF website, eutf.hawaii.gov.

You can also call the EUTF Customer Service Call Center at 808-586-7390 or toll free at 1-800-295-0089 or email your inquiry to eutf@hawaii.gov.

Retiree Eligibility: The following persons shall be eligible to enroll in the benefit plans offered or sponsored by the EUTF for Retirees:

- ▶ A retired employee. You do not need to be covered under an EUTF Active Employee Plan at the time of retirement to be eligible to enroll in the EUTF retiree plans.
- ▶ The surviving spouse, Domestic Partner or Civil Union Partner (DP/CUP) of a deceased retired employee, provided the spouse or DP/CUP does not remarry or enter into another domestic or civil union partnership.
- ▶ The unmarried child of a deceased retired employee, provided the child is under age 19 with no surviving parent.

Dependent Eligibility: The following persons shall be eligible for coverage as dependents in the benefit plans offered or sponsored by the EUTF for Retirees:

- ▶ The Employee's legal Spouse, Domestic Partner or Civil Union Partner (DP/CUP).

Note: A spouse or partner who is eligible for Medicare must be enrolled in Medicare Part B to be covered by an EUTF retiree medical and/or prescription drug plan.

- ▶ Your or your spouse's or DP/CUP's unmarried children under age 19. This includes children by birth, marriage or adoption. Dependent children by legal guardianship are covered to age 18.
- ▶ Your or your spouse's or DP/CUP's unmarried children under the age of 24 provided they are full-time students attending an accredited college, university or technical school. This includes children who are away at school and dependent upon you for support.
- ▶ Coverage can be continued for an unmarried child incapable of self-support due to mental/physical incapacity that existed prior to age 19.
- ▶ Child covered by terms of a qualified medical child support order (QMCSO).

NOTE: The Affordable Care Act including the dependent eligibility provisions extending coverage to age 26 does not apply to retiree-only plans such as the EUTF retiree medical and/or prescription drug plans. For more information on this, please refer to Healthcare.gov or eutf.hawaii.gov.

Special Eligibility Requirements for Domestic and Civil Union Partners

Domestic Partner: Person in a spouse-like relationship with an employee-beneficiary who meets the following requirements:

1. Intends to remain in a domestic partnership with each other indefinitely.
2. Have a common residence and intend to reside together indefinitely.

3. Jointly and severally responsible for each other's basic living expenses incurred in the domestic partnership such as food, shelter and medical care.
4. Neither are married or a member of another domestic or civil union partnership.
5. Not related by blood in a way that would prevent them from being married to each other in the State of Hawaii.
6. Both at least 18 years of age and mentally competent to contract.
7. Consent to the domestic partnership has not been obtained by force, duress or fraud.
8. Both sign and file a declaration of domestic partnership (affidavit) with the EUTF.

Civil Union Partner: A person who has entered into a legal civil union partnership with an employee-beneficiary which is recognized by a state government. Documentation of the civil union must be provided with the application to enroll.

NOTE: There may be Federal Income Tax consequences with employer paid coverage for domestic or civil union partners: If your domestic partner or civil union partner does not qualify as your dependent for tax purposes, a portion of the premium paid for your domestic partner or civil union partner will be deemed taxable income and reported to you on the appropriate federal tax form. Consult your tax advisor to determine your domestic or civil union partner's status. If you determine that your domestic partner or civil union partner is a dependent, submit a completed Affidavit of "Dependency" for Tax Purposes (available along with information/instructions on the EUTF website, eutf.hawaii.gov) to the EUTF.

Enrollment

To enroll you must complete an EUTF Enrollment Form for Retirees (EC-2 or EC-2H) (see pages 54-61). The plan year for retiree plans begins January 1 and ends December 31 of each year.

ID Cards

After you enroll for the first time, you will receive identification cards from the plans as follows:

- ▶ HMSA and HDS will issue two identical ID cards showing the name of the subscriber.
- ▶ Kaiser, CVS Caremark, and SilverScript issue an ID card for each enrolled member of a family upon initial enrollment.
- ▶ VSP does not issue ID cards.

Dual Family Enrollment (Two EUTF Retiree Family Enrollments) Is Not Allowed

If both you and your spouse or DP/CUP are eligible to enroll in either EUTF retiree or EUTF active employee plans, only one of you may enroll in an EUTF 2-Party or Family plan. If no other dependents are involved, both may enroll in EUTF Self plans. Dual enrollment in EUTF family plans is not allowed under EUTF Administrative Rule 4.03. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF such as if your spouse or DP/CUP has coverage outside of the EUTF through a non-EUTF employer.

Change of Coverage – Special Enrollment Period Due to a Qualifying Event

You are eligible to change coverage other than during the Open Enrollment period for the following reasons:

1. You marry and want to enroll your spouse and/or newly eligible dependent children.
2. You need to enroll a newborn or newly adopted child. In order to add a newly adopted child to your coverage, you must provide appropriate documents verifying the adoption.
3. You have a change in family status involving the loss of eligibility of a family member (e.g., separation, divorce, death, child marries, no longer lives with you, loses student status or turns age 19 or 24 if a student).
4. Your spouse's, or DP's/CUP's, or eligible dependent's employment status changes resulting in a loss of health coverage.
5. You move out of your plan's service area.

To change your coverage, you should complete Form EC-2 or EC-2H and submit it to EUTF within 30 days of the date of the change. Deletion of dependents is effective on a timely or prospective basis, depending upon receipt of the application by the EUTF. Dependent children are automatically terminated as of the end of the pay period they attain age 19 or 24 and do not require the completion of an application to delete coverage.

If events are filed within 30 days of qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. These events include: Adoption, Birth, Guardianship, New Eligible Student, Marriage, New Domestic Partner, New Civil Union Partner, Newly Eligible Student, Placement for Adoption.

End of Coverage

Common situations resulting in loss of coverage for you and your dependents are:

1. You voluntarily terminate coverage.
2. You do not make required premium payments (if applicable).
3. You die, subject to exceptions for your surviving spouse or DP/CUP and unmarried children under age 19.
4. You fail to comply with the EUTF Administrative Rules.
5. You file fraudulent claims.

Coverage for your dependents will end if:

1. Your dependent is no longer eligible for coverage such as due to a divorce, legal separation or overage children.
2. Your dependent enters the uniformed services.
3. Your surviving spouse, domestic or civil union partner remarries, or enters into a new partnership.

Effective Date of Termination

In general, when an event causes you or your dependent's coverage to terminate, such termination will be effective on the first day of the first pay period following the occurrence of the event, e.g., divorce, end of domestic or civil union partnership, death, surviving spouse remarries, or child ceases to be eligible for coverage. There may be certain instances in which the effective date of termination is different. You may obtain additional information by referring to the EUTF Administrative Rules that are posted on the EUTF website, eutf.hawaii.gov.

Rejection of Enrollment

Enrollment in EUTF benefit plans is contingent on meeting all eligibility criteria detailed in the EUTF Administrative Rules. Any enrollment application may be rejected if it is incomplete or does not contain all information required.

An enrollment application shall be rejected if:

1. The application seeks to enroll a person who is not eligible to enroll in the benefit plan for which enrollment is requested;
2. The application is not filed within the time limitations prescribed by the rules;
3. The application contains an intentional misstatement or misrepresentation of a material fact or contains other information of a fraudulent nature;
4. The employee-beneficiary owes past due contributions or other amounts to the EUTF; or
5. Acceptance of the application would violate applicable federal or state law or any other provision of the rules.

Retirees will be notified of the rejection of any enrollment application.

MEDICARE AND ENROLLMENT IN EUTF PLANS

Medicare eligible retirees must enroll in Medicare Part B to be covered or continue to be covered under an EUTF retiree medical and/or prescription drug plan. A spouse / domestic partner / civil union partner who is enrolled as a dependent under an EUTF retiree medical and/or prescription drug plan must also enroll in Medicare Part B when they become eligible for Medicare.

Medicare Part B Premium Reimbursement

Retirees and their spouses or DPs/CUPs who are enrolled in an EUTF retiree medical and/or prescription drug plan and who are enrolled in Medicare Part B are eligible for Medicare Part B premium reimbursements. This does not apply to active employees eligible for Medicare who are covered by EUTF active employee plans. However, if you are an active employee, enrolled in Medicare Part B and covered by an EUTF **retiree** plan through your spouse or DP/CUP, your spouse or DP/CUP is entitled to Medicare Part B reimbursement for you.

For additional information on Medicare and EUTF plans, please refer to the sections for Medicare eligible participants, which are included at the end of the Guide:

- EUTF Medicare Part B Reimbursement
- EUTF Medicare Part D Plans (Prescription Drug)

Premium Payment – Determination of Employer Contribution for Retiree Plans

The amount of the employer premium contribution is determined by statute and is based on three factors:

- The date the employee was hired;
- The length of service taking into account breaks in services, and
- The Base Monthly Contribution (BMC) amount which determines the maximum amount of the employer contribution for selected EUTF plans.

Certification of the retiree's hire date and length of service is provided by ERS and determines what percentage of the Base Monthly Contribution will be available for a retiree to cover plan premiums.

The BMC amount is calculated annually and changes every January 1. Act 282, SLH 2013 established the BMC effective January 1, 2014.

The percentage determined by years of service is multiplied times the BMC for the year to determine the maximum monthly employer contribution. This includes premium for medical, prescription drug, dental and vision care. The retiree pays the difference between the total monthly premium for the plans selected and the amount of the employer contribution set by the BMC calculation.

It is important to note that plan premiums usually increase each year and at some point some plans rates may exceed 100% of BMC. All retirees including those in the 100% category should review the plan premium rates and the BMC amount annually to determine if they will be required to contribute to the cost of coverage.

The Base Monthly Contribution is more fully described in Hawaii Revised Statute 87A.

Years of Credited Service (excluding sick leave)	Employer's Contribution Percentage of the Base Monthly Contribution* If You Were Hired:		
	On or Before 6/30/96	On or Between 7/1/96 – 6/30/01	On or After 7/1/01**
Less than 10 years	50%	0%	0%
10 yrs less than 15	100%	50%	50%
15 yrs less than 25	100%	75%	75%
25 yrs or more	100%	100%	100%
<p>*The Employer's percentage of the Base Monthly Contribution for the year determines the maximum employer contribution payable. Any difference between the maximum employer contribution and total premium for plans selected will be paid by the retiree.</p> <p>**If you were hired on or after 07/01/01, the monthly employer-sponsored contribution will be applied to the self only amount.</p>			

Administrative Appeals

Under EUTF Administrative Rule 2.04, a person aggrieved by one of the following decisions by the EUTF may appeal to the EUTF Board of Trustees (Board) for relief from that decision:

1. A determination that the person is not an employee-beneficiary, dependent-beneficiary or qualified beneficiary, or that the person is not eligible to enroll in or be covered by a benefit plan offered or sponsored by the EUTF;
2. A determination that the person cannot make a change in enrollment, a change in coverage, or a change in plans;
3. A cancellation or termination of the person's enrollment in or coverage by a benefit plan, including long term care, offered or sponsored by the EUTF; or
4. A refusal to reinstate the person's enrollment in or coverage by a benefit plan, including long term care, offered or sponsored by the EUTF.

The first step in the appeal process is an appeal to the EUTF administrator. In order to appeal to the administrator for relief, an aggrieved person must file a written appeal in the EUTF's office within thirty days of the date of the decision with respect to which relief is requested. The written appeal shall be filed in duplicate. Unless otherwise provided by applicable federal or state law, neither the EUTF administrator nor the Board shall be required to hear any appeal that is filed after the thirty-day period has expired. The written appeal need not be in any particular form but should contain the following information:

1. The aggrieved person's name, address, and telephone number;
2. A description of the decision with respect to which relief is requested, including the date of the decision;
3. A statement of the relevant and material facts; and
4. A statement as to why the aggrieved person is appealing the decision, including the reasons that support the aggrieved person's position or contentions.

If the aggrieved person is dissatisfied with the EUTF administrator's action or if no action is taken by the administrator on the aggrieved person's written appeal within ninety days of its being filed in the EUTF's office, the second step in the appeal process is for the aggrieved person to file a written appeal to the Board. A written appeal to the Board must be filed in duplicate in the EUTF's office. The written appeal need not be in any particular form but shall contain the following information:

1. The aggrieved person's name, address and telephone number;
2. A statement of the nature of the aggrieved person's interest, e.g., employee-beneficiary or dependent-beneficiary;
3. A description of the decision with respect to which relief is requested, including the date of the decision;
4. A complete statement of the relevant and material facts;
5. A statement of why the aggrieved person is appealing the decision, including a complete statement of the position or contentions of the aggrieved party; and
6. A full discussion of the reasons, including any legal authorities, in support of the aggrieved party's position or contentions.

Subject to applicable federal and state law, the Board may reject any appeal that does not contain the foregoing information.

The Board at any time may request the aggrieved person or any other party to the proceeding to submit a statement of additional facts or a memorandum, the purpose of which is to clarify the party's position or a specific factual or legal issue.

The Board shall grant or deny the appeal within a reasonable amount of time. The Board shall not be required to hold a hearing on any appeal unless otherwise required by applicable federal or state law. If required to hold a hearing, or if it decides to voluntarily hold a hearing on an appeal, subject to applicable federal or state law, the Board may set such hearing before the Board, a special, or standing committee of the board, a hearings officer, or any other person or entity authorized by the Board to hear the matter in question. Please note that nothing in the EUTF Administrative Rules requires the Board to hear or decide any matter that can be lawfully delegated to another person or entity for a hearing and decision.

At any time, an aggrieved person may voluntarily waive his or her rights to the administrative appeal provided by the EUTF Administrative Rules by submitting such a waiver in writing to the EUTF's office. The Board may require the aggrieved person to make such a waiver by signing a form prescribed by it.

For emergency appeals regarding the EUTF PPO Plan or EUTF Prescription Drug Plan, please refer to the EUTF Administrative Rule 2.05 for information on this appeal process.

Required Notices

All of the following required notices are available for viewing at EUTF's website at eutf.hawaii.gov.

If you wish to have hard copies of any of the following notices, send EUTF an email at eutf@hawaii.gov. Indicate which notice(s) you want to receive and include your name and mailing address. Or, you may call our Customer Service Call Center at 808-586-7390 or toll free at 1-800-295-0089. All requested notices will be mailed to you free of charge.

- **Qualified Medical Child Support Order** – This is to notify participants that your health insurance plan honors qualified medical child support orders (QMCSOs), which means that if a QMCSO issued in a divorce or legal separation proceeding requires you to provide medical coverage to a child who is not in your custody, you may do so under the Plan.
- **National Medical Support Notices** – The EUTF (your health benefits plan administrator) also honors qualified National Medical Support Notices (NMSNs), which are similar to a QMCSO, but are issued by a state agency pursuant to a medical child support order.
- **Continuation of Group Health Coverage Under COBRA: Initial Notice** – This notice includes information on the federal law, commonly known as “COBRA,” that requires most employers to offer employees and their covered dependents the opportunity to elect a temporary continuation of health coverage, at group rates, when coverage would otherwise be terminated, because of a “qualifying event”.

For retirees enrolled in the CVS Caremark prescription drug plan:

- **HIPAA Initial Notice: Notice of Privacy Rights** – This notice describes how your prescription drug information may be used and disclosed and how you can get access to this information.
- **Notice of Creditable Coverage** – This notice has information about your current prescription drug coverage with the EUTF and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you wish to have hard copies of any of the following notices, please contact Kaiser or HMSA (contact information included on page 64 of this guide).

- **Women’s Health & Cancer Rights Act** – This notice includes information regarding benefits that your health insurance plan is required to provide by the Women’s Health and Cancer Rights Act of 1998 for mastectomy-related services.
- **Newborns’ & Mothers’ Health Protection Act** – This is to notify participants that group health plans and health insurance issuers who offer group insurance coverage may not (under federal law) restrict benefits for any hospital stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section.
- **Michelle’s Law** – If a group health plan provides coverage for a dependent child on the basis of the child being a student at a post-secondary educational institution, this federal law limits the plan’s ability to terminate coverage of such child when the child loses student status due to a medically necessary leave of absence.
- **HIPAA Initial Notice: Notice of Privacy Rights** – This notice describes how your medical information may be used and disclosed and how you can get access to this information.
- **Certificate of Creditable Coverage and Preexisting Conditions** – A certificate of creditable coverage shall be provided when your coverage under the Employee Modified Medical Program or the Employee Medical Program ends. This notice also includes information regarding regulations on preexisting conditions.
- **Patient Protection Disclosure** – This notice provides individuals with information regarding their rights to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization.
- **Massachusetts Health Care Reform Act (for Retirees residing in Massachusetts only)** – In order to help individuals determine if the health coverage they have or intend to purchase is sufficient to satisfy the individual mandate, carriers must disclose to insureds and potential insureds a health plan’s Minimum Creditable Coverage status and whether the plan satisfies the individual coverage mandate of the Massachusetts Health Care Reform Law.

HIPAA Notice: Notice of Privacy Rules

Effective date of this notice is September 23, 2013.

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

A federal law, commonly known as HIPAA (the Health Insurance Portability and Accountability Act of 1996), governs all group health plans' use and disclosure of medical information. You may find HIPAA's privacy rules at 45 Code of Federal Regulations Parts 160 and 164.

This notice describes the EUTF's privacy practices and your rights regarding the uses and disclosures of your medical information as it relates to the EUTF group health plan. The EUTF self-funded group health plan includes the Outpatient Prescription Drug Program Benefits (hereafter referred to as the "Plan") and is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan's legal duties and privacy practices with respect to protected health information.

You may receive a Privacy Notice from various insured group health benefit programs. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information related to the EUTF benefit plan (the "Plan") and outside companies contracted to help administer Plan benefits, also called "business associates."

The EUTF acknowledges that your medical and health information is personal – and is committed to protecting your privacy.

For administration purposes, the EUTF has access to a record of your claims reimbursed under your health insurance benefits plan. This notice applies to all of the medical records that the EUTF maintains or can access. Your personal doctor, health care provider, or health insurance carrier might have different policies or notices regarding their use and disclosure of medical information that they maintain or create. However, HIPAA applies to all organizations or persons that maintain personal health information, if they fall under HIPAA's definition of "Covered Entities."

By law, the EUTF MUST:

- Make sure that medical information that identifies you is kept private,
- Give you this notice of the EUTF's legal duties and privacy practices with respect to your medical information,
- Retain copies of the notices the EUTF issues to you,
- Retain any written acknowledgments that you received the notices, or document the EUTF's good faith efforts to obtain such written acknowledgments from you, and
- Follow the terms of the notice that is currently in effect.
- Notify affected individuals following a breach of unsecured protected health information.

HIPAA also requires the EUTF to tell you about:

- The EUTF's uses and disclosures of your medical information,
- Your privacy rights with respect to your medical information,
- Your right to file a complaint with the EUTF and with the Secretary of the Department of Health and Human Services, and
- The person or office at the EUTF whom you may contact for additional information about the EUTF's privacy practices.

How the EUTF May Use and Disclose Your Medical Information

The following categories describe the different ways the EUTF may use and disclose your medical information. Some uses and disclosures of your medical information require your authorization or the opportunity to agree or object to the use or disclosure. Other uses and disclosures do not. This notice clearly identifies whether or not the use or disclosure of your medical information requires your authorization or the opportunity to agree or object. Each category contains an explanation of what is meant by the "use and disclosure" of your medical information, and some examples. Not every use or disclosure in a category will be listed. However, the ways the EUTF is allowed to use and disclose your medical information will generally fall into one of the categories listed.

The following categories DO NOT REQUIRE the EUTF to obtain your consent, authorization, or to provide you the opportunity to agree or object to the use or disclosure.

- **For Treatment:** the EUTF may use or disclose your medical information to help you get medical treatment or services through the EUTF. The EUTF may disclose your medical information to health care providers, including doctors, nurses, technicians, medical students, or other health care professionals who are providing you with services covered under the your insurance plan. For example, the EUTF might disclose the name of your child's dentist to your child's orthodontist so that the orthodontist may ask the dentist for your child's dental X-rays.
- **For Payment:** the EUTF may use and disclose your medical information in the process of determining your eligibility for benefits under the EUTF, to facilitate payment to health care providers for the treatment or services you have received from them, to determine benefit responsibility under the EUTF, and to facilitate reviews for medical necessity/appropriateness of your care. For example, the EUTF may tell your doctor whether you are eligible for coverage under the EUTF, or what percentage of the bill may be paid by the EUTF. Likewise, the EUTF may share your medical information with another entity to assist with the adjudication or subrogation of your claims or to another health plan to coordinate benefit payments.
- **For EUTF Operations:** the EUTF may use and disclose your medical information for health care operations and other EUTF operations. These uses and disclosures are necessary to administer the EUTF benefit plans. For example, the EUTF may use and disclose your medical information to conduct or facilitate quality assessments and improvement activities, patient safety activities, performance and compliance reviews, auditing, fraud and abuse detection, underwriting, enrollment, premium rating and other activities related to creating, renewing or replacing insurance contracts or benefit plans, claims review and appeals, legal functions and services,

business planning and development, and other activities related to business management and administration. In connection with the foregoing, the EUTF may disclose your medical information to third parties who perform various health care operations or EUTF operations on its behalf.

- **As Required By Law:** the EUTF will disclose your medical information when required to do so by federal, state or local law. For example, the EUTF may disclose your medical information when required to do so by a court order in a civil proceeding such as a malpractice lawsuit. Or, the Secretary of the Department of Health and Human Services might require the use and disclosure of your medical information to investigate or determine the EUTF's compliance with federal privacy regulations (this notice).
- **To Avert a Serious Threat to Health or Safety:** the EUTF may use and disclose your medical information when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. However, any such disclosure would be made only to a person able to help prevent the threat. For example, the EUTF may disclose your medical information in a legal proceeding regarding the licensure of a doctor.

Special Situations

Disclosure to Business Associates: the EUTF may disclose your medical information to business associates in carrying out treatment, payment, health care operations and EUTF operations. For example, the EUTF may disclose your medical information to a utilization management organization to review the appropriateness of a proposed treatment under your insurance plan.

Disclosure to Health Insurance Companies or Health Maintenance Organizations: In carrying out treatment, payment or health care operations, the EUTF may disclose your medical information to health insurance companies or health maintenance organizations (HMOs) that it contracts with to provide services or benefits under its health benefits plans. For example, the EUTF may disclose your medical information to the Hawaii Medical Service Association, Kaiser Permanente and Kaiser Health Plan, Hawaii Dental Service, Vision Service Plans, ChiroPlan Hawaii or Royal State Insurance in order to verify your eligibility for benefits or services.

Disclosure to the Plan Sponsor and Its Representatives: the EUTF is sponsored by State, county and other public employers who are represented on the EUTF's Board of Trustees. The EUTF may disclose information to the EUTF's Board of Trustees, the sponsoring public employers, and the Employees Retirement System (ERS) for payment, health care operations, and EUTF operations. For example, the EUTF may disclose information to the sponsoring employers about whether you are participating in a group health plan that is offered by the EUTF, or whether you are enrolled or disenrolled in any such group health plan. Disclosure to the sponsoring employers may include disclosures to your departmental personnel officer (DPO) or any other person who functions as your employer's personnel officer. In the event you appeal a denied claim or other matter to the EUTF's Board of Trustees, the EUTF may disclose your medical information to the EUTF's Board of Trustees and its staff, consultant, and legal counsel as may be necessary to allow the EUTF's Board of Trustees to make a decision on your appeal. The EUTF may also disclose your medical information to the EUTF's Board of Trustees for plan administration functions, including such functions as quality assurance and auditing or monitoring the operations of group health plans that are part of the EUTF.

Public Health Activities: the EUTF may disclose your medical information to a public health authority for the purpose of preventing or controlling disease, injury or disability or to report child abuse or neglect.

Immunizations: To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to proof of immunization, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.

Organ and Tissue Donation: If you are an organ donor, the EUTF may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, the EUTF may release your medical information as required by military command authorities. The EUTF may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: the EUTF may release your medical information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Health Oversight Activities: the EUTF may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities can include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the EUTF may disclose your medical information in response to a court order or administrative ruling. The EUTF may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the medical information requested.

Law Enforcement: the EUTF may release your medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process,
- To identify or locate a suspect, fugitive, material witness or missing person,
- About the victim of a crime if, under certain limited circumstances, the EUTF is able to obtain the person's agreement,
- About a death the EUTF believes might be the result of criminal conduct, and
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: the EUTF may release your medical information to a coroner or medical examiner. This might be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: the EUTF may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

The following category REQUIRES the EUTF to obtain your written authorization for the use or disclosure.

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI **other than** when you request your own PHI, a government agency requires it, or the Plan uses it for treatment, payment or health care operation. You have the right to revoke an authorization.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to whom the PHI is sold. The Plan does not intend to engage in fundraising activities.

Psychotherapy Notes: Generally the EUTF must obtain your written authorization to use and disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the EUTF may use and disclose your psychotherapy notes when needed by the EUTF to defend against a lawsuit filed by you.

The following category REQUIRES that the EUTF gives you an opportunity to agree or disagree prior to the use or disclosure.

- **Family or Friends Involvement:** the EUTF may disclose your medical information to family members, other relatives, or your friends without your written consent or authorization if:
 - The medical information is directly relevant to the family or friend's involvement with your care or payment for that care, and
 - You have either agreed to the disclosure or have been given the opportunity to object to the disclosure and have not objected.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information maintained by the EUTF:

Right to Inspect and Copy Your Medical Information: You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information

compiled in reasonable contemplation of an administrative action or proceeding) contained in a “designated record set,” for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

You have the right to inspect and obtain a copy of your medical information contained in a “designated record set,” for as long as the EUTF maintains your medical information. The designated record set includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the EUTF to make decisions about people covered under the EUTF’s health benefits plans. Information used for quality control or peer review analyses and not used to make decisions about people covered by the EUTF health benefits plans is not contained in the designated record set.

If you request a copy of your medical information, it will be provided to you in accordance with the time limits required under Part II of Chapter 92F, Hawaii Revised Statutes, and the rules enacted thereunder. Under those laws, the EUTF will generally provide a copy of your medical information to you within ten (10) business or working days. However, in certain circumstances, the EUTF may be entitled to additional time to respond to your request.

You or your personal representative must complete a form to request access to your medical information contained in the designated record set. You must submit the completed request form to the EUTF Privacy Officer whose address is provided at the end of this HIPAA notice.

If you request a copy of the information, the EUTF may charge a fee for the costs of copying and mailing the information to you, for creating the PHI or preparing a summary of your PHI, or for other supplies associated with complying with your request.

The EUTF may deny your request to inspect and copy medical information in certain, very limited circumstances. If you are denied access to medical information, you may appeal.

If the EUTF denies your request to inspect or copy your medical information, the EUTF will provide you or your personal representative with a written denial identifying the reason(s) for the denial. The denial will also include a description of how you may exercise your appeal rights, and a description of how you may file a complaint with the Secretary of the Department of Health and Human Services.

Right to Amend Your Medical Information: If you think that your medical information is incorrect or incomplete, you may ask the EUTF to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the EUTF.

To request an amendment, you must submit your request, in writing, to the EUTF Privacy Officer. Your written request must include a reason that supports your request.

After you request that the EUTF amend your medical information, the EUTF must comply with your request within twenty (20) business or working days, or notify you that your request has been denied.

The EUTF may deny your request for an amendment to your medical information if your request is not in writing or does not include a reason to support the request. In addition, the EUTF may deny your request if you ask the EUTF to amend information that:

- Is not part of the medical information kept by or for the EUTF,

- Was not created by the EUTF, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

If the EUTF denies your request in the whole or in part, the EUTF must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, and have that statement included with any future disclosure of your medical information.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” if a disclosure was made without your authorization for any purpose other than treatment, payment, or health care operations, or where the disclosure was to you about your own medical information.

To request this list of disclosures, you must submit a written request to the EUTF Privacy Officer. Your request must state a time period for which you are requesting the list of disclosures. This period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within any 12-month period will be provided free of charge. For additional lists, the EUTF may charge you for the costs of providing the list. The EUTF will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you incur any costs.

The EUTF has 60 days from the date it receives your request to provide you the list of disclosures, and is allowed an additional 30 days to comply, if it provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

Right to Request Restrictions: You have the right to request a restriction or limitation on your medical information uses or disclosures for treatment, payment or health care operations. You also have the right to request a limit on your medical information that the EUTF discloses to someone involved in your care or payment for your care, like a family member or friend. For example, you could ask that the EUTF not use or disclose information about a surgical procedure you had.

The EUTF is not required by law to agree to your request.

You or your personal representative must complete a form to request restrictions on the use or disclosure of your medical information. You must submit the completed form to the EUTF Privacy Officer whose address is provided at the end of this HIPAA notice. In your request, you must indicate:

- What information you want to limit,
- Whether you want to limit the EUTF’s use, disclosure, or both, and
- To whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that the EUTF communicate with you about your medical information or other medical matters in a certain way, or at a certain location. For example, you may ask that the EUTF contact you only at work or by mail.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask the EUTF to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to request a paper copy of this notice.

To obtain a paper copy of this notice, submit a written request to the EUTF Privacy Officer, whose address is provided at the end of this HIPAA notice.

Breach Notification Right: If a breach of your unsecured protected health information occurs, the Plan will notify you.

A Note about Personal Representatives

You may exercise your privacy rights through a personal representative. Your personal representative will be required to provide evidence of his or her authority to act on your behalf before that person will be given access to your medical information or allowed to take any action on your behalf with respect to your medical information. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public,
- A court order appointing the person as the your conservator or guardian, or
- An individual who is the parent of a minor child.

The EUTF may decide to deny a personal representative access to medical information of a person if it thinks this will protect the person represented from abuse or neglect. This also applies to personal representatives of minors.

However, state or other applicable law will govern whether the EUTF is permitted to disclose an unemancipated minor dependent child's medical information to the child's parent(s). State or other applicable law will also govern whether the EUTF is permitted to provide a parent's access to his or her child's medical information.

Changes to This Notice

The EUTF reserves the right to change this notice. The EUTF also reserves the right to make the revised or changed notice effective for medical information it already maintains, or has access to about you — as well as any information the EUTF receives in the future. The EUTF will post a copy of the current notice on the EUTF's web site. This notice will contain the effective date of the current notice on the first page, in the top right-hand corner.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your rights, the duties of the EUTF or other privacy practices stated in this notice. Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice. Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual Notice distribution to individuals covered by the Plan.

Minimum Necessary Standard

When the EUTF uses or discloses your medical information, or requests your medical information from another entity, the EUTF will make reasonable efforts not to use, disclose or request more than the minimum amount of your medical information needed to accomplish the intended purpose of the

use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply to:

- Disclosures to or requests by a health care provider for treatment,
- Uses by you or disclosures to you of your own medical information,
- Disclosures made to the Secretary of the Department of Health and Human Services,
- Uses or disclosures that may be required by law,
- Uses or disclosures that are required by the EUTF's compliance with legal regulations, and
- Uses and disclosures for which the EUTF has obtained your authorization.

The Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

This notice does not apply to medical information that has been "de-identified." De-identified information is medical information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, the EUTF may use or disclose "summary health information" to obtain premium bids or to modify, amend or terminate the EUTF's health benefits plans. Summary health information is information that summarizes the claims history, claims expenses, or types of claims experienced by individuals for whom the EUTF has provided benefits, and from which identifying information has been deleted in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the EUTF Privacy Officer, whose address is provided at the end of this HIPAA notice. You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>) or this website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact the Privacy Officer for more information about how to file a complaint. You must submit any complaints in writing. The EUTF will not penalize or retaliate against you for filing a complaint.

Other Uses and Disclosures of Your Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the EUTF will be made only with your written authorization. If you provide the EUTF with authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the EUTF will no longer use or disclose your medical information for the reasons covered by your written authorization.

You should understand that the EUTF is unable to take back any disclosures that have already been made with your authorization, and that the EUTF is required to retain any records regarding any care or services provided to you.

EUTF may not (and does not) use your genetic information that is PHI for underwriting purposes.

Questions?

If you have any questions about this notice, contact the EUTF Privacy Officer, at the address below.

Governing Law

If there is any discrepancy between the information in this notice and the actual HIPAA regulations, the regulations will prevail, and the EUTF will use and disclose your medical information in a manner consistent with the regulations.

You may contact the **EUTF Privacy Officer** at the following address:

Mailing Address:	P.O. Box 2121, Honolulu, HI 96805
Location Address:	201 Merchant Street, Suite 1520, Honolulu, HI 96813
Local number:	808-586-7390, Toll-Free number: 1-800-295-0089

Retiree Benefit Plan Summaries

The following section provides condensed summaries of the health plans and life insurance coverage available for retirees. Remember that certain limitations and exclusions apply to all insurance plans. More complete information on the plans can be obtained directly from the carriers or from the EUTF website at eutf.hawaii.gov. If there should be any discrepancy between the information provided in this Reference Guide and that contained in the carriers' Guide to Benefits, the language in the carriers' Guide to Benefits will take precedence.

Medicare has a significant impact on EUTF medical and prescription drug plans; therefore, there are two sections of information:

- Non-Medicare Retirees or Dependents: Medical and Prescription Drug Plans
- Medicare Retirees or Dependents: Medical and Medicare Part D Prescription Drug Plans

Please refer to the section that applies to your Medicare enrollment status.

Following the Medicare Part D prescription drug section there is additional information on Medicare enrollment and how you may be reimbursed for your Medicare Part B Premium.

Dental, Vision and Life Insurance plans are the same for Medicare or non-Medicare retirees. The plan summaries for these plans follow the Medicare information.

Medical Plan Options

Understanding the Plan Designs

Medical coverage is important to everyone. The EUTF offers the following medical Plan options:

- Preferred Provider Organization (PPO) Plans: HMSA 90/10 PPO plan
- Health Maintenance Organization (HMO) Plans: Kaiser Comprehensive HMO

Preferred Provider Organization Plans (PPO): A PPO plan is a medical plan that is based on a network of preferred medical providers who have contracts with the carrier. Coverage is also available if you go to a provider who is not in the network. A PPO gives you the flexibility to visit the providers you choose – inside or outside of the Plan's network. However, your out of pocket medical costs will be lower if you receive care from an in-network provider or facility. The numbers in the plan title – 90/10 – refer to the percent of eligible charges that the carrier pays for most network services – 90% - and the amount the employee is responsible for is 10%. It's important to note that when you participate in a PPO, you are responsible for asking if your medical provider is in the network or not. If you use an out-of-network provider, your out of pocket costs will be higher since most out-of-network expenses are paid at 70% and you would be responsible for 30% of the covered expense. Also, you'll often be responsible for submitting your own claims.

Health Maintenance Organization (HMO): Under an HMO, you agree to use the health care professionals and facilities associated with that HMO. Except in emergencies, HMOs don't cover the cost of services you receive from doctors or other providers outside of the HMO's network. With an HMO, there are no claim forms. After a copayment for each office visit, most medical expenses are covered at 100%. You must select a Primary Care Physician to coordinate your care.

Important Information for Out-of-State Retirees Enrolled in Kaiser Permanente Medical Plan

Act 167, 2006 SLH changed the contribution method for health insurance premiums for retirees outside of Hawaii effective July 1, 2007. Therefore, the EUTF no longer offers group coverage for Kaiser Permanente members residing on the mainland. However, you may be able to enroll in an individual Kaiser Permanente medical plan of your choice if one is available in your area. You will be reimbursed for the premiums paid for an individual health insurance policy with Kaiser Permanente. Each Kaiser Permanente region has individual conversion options which ensure continuous coverage with no break in coverage and no medical screening. Rates and benefits vary by region.

Your premium reimbursement will be the lesser of:

- (1) The actual cost of the personal health insurance policy; or
- (2) The amount of the State of Hawaii or county contribution for the most comparable Kaiser health benefits plan.

Reimbursements are paid by the EUTF on a quarterly basis upon the presentation of documentation that the premiums for an individual health insurance policy have been paid by the employee-beneficiary.

During open enrollment, if you feel you need coverage outside of the State of Hawaii due to a relocation, or if you spend longer periods of time out of state, you also can enroll in the EUTF's PPO plan, administered by HMSA. The HMSA PPO provides coverage through Blue Cross's nationwide network if you reside outside of Hawaii.

Chiropractic Plan Benefits (Royal State National): HSTA VB PLAN ONLY

Royal State National Insurance Company, Ltd., through ChiroPlan Hawaii, Inc., is the provider of the chiropractic benefits. The chiropractic benefit is packaged with all HSTA VB retiree medical plans.

The plan benefits include the initial exam, any necessary x-rays (when taken in a ChiroPlan provider's office), therapeutically necessary chiropractic treatment and therapeutic modalities. The co-payment is \$12 per visit up to 20 visits per calendar year. Chiropractic services must be received by a credentialed ChiroPlan Provider. A complete list of ChiroPlan doctors and plan information may be obtained from the EUTF website: eutf.hawaii.gov. Please refer to the plan certificate for complete information on benefits, limitations and exclusions.

NON-MEDICARE RETIREES

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF

This summary chart is intended to provide a condensed summary of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from the EUTF website, eutf.hawaii.gov. In the case of a discrepancy between the information provided in this Reference Guide and that contained in the carriers' Guide to Benefits, the language in the carriers' Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN			
Benefits will be administered as described in each plan’s documents.			
Plan Provisions	HMSA PPO		Kaiser HMO
General			
Deductible Single/Family	\$100 per person Maximum \$300 per family		None/None
Out-of-pocket limit Single/Family	\$2,500 per person Maximum \$7,500 per family		\$2,000 per person Maximum \$6,000 per family
Lifetime Benefit Maximum	None		None
	Your Copayment		
	In-Network	Out-of-Network	
Physician Services			
Primary Care Office Visit	10% *	30%	\$15
Specialist Office Visit	10% *	30%	\$15
Routine physical exams	Not Covered	Not Covered	No Charge
Mammography	20% *	30% *	No Charge
Second opinion – surgery	10% *	30%	\$15
Emergency Room (ER care)	10% *	10% *	\$50 in area / 20% out
Ambulance	20%	30%	20%
Inpatient Hospital Services			
Room & Board	10% *	30%	No Charge
Ancillary Services	10% *	30%	No Charge
Physician services	10% *	30%	No Charge
Surgery	10% *	30%	No Charge
Anesthesia	10% *	30%	No Charge
Outpatient Services			
Chemotherapy	20%	30%	\$15
Radiation Therapy	20% *	30%	\$15
Surgery	10%* (Cutting)	30%	\$15
Allergy Testing	20%	30%	\$15
Other Diag. Lab, X-ray & Psych Testing	20% *	30%	\$15
Anesthesia	10% *	30%	No Charge; \$15 office visit copay applies
Mental Health Services			
Inpatient care	10% *	30%	No Charge
Outpatient Care	10% *	30%	\$15
Other Services			
Durable Medical Equipment	20%	30%	20%, some exclusions
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge
Nursing facility - skilled care	10% *, 120 days per year	30%, 120 days per year	No Charge, 100 days per benefit period
Physical & Occupational Therapy	20%	30%	\$15

*Deductible does not apply.

NON-MEDICARE RETIREES

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN			
Benefits will be administered as described in each plan’s documents.			
Plan Provisions	HMSA PPO		Kaiser HMO
General			
Deductible Single/Family	\$100 per person Maximum \$300 per family		None/None
Out-of-pocket limit Single/Family	\$2,000 per person Maximum \$6,000 per family		\$2,000 per person Maximum \$6,000 per family
Lifetime Benefit Maximum	\$2,000,000		None
	Your Copayment		
	In-Network	Out-of-Network	
Physician Services			
Primary Care Office Visit	10% *	30%	\$15
Specialist Office Visit	10% *	30%	\$15
Routine physical exams	No Charge*; limited to combined CY dollar max depending on age scale	No Charge*; limited to combined CY dollar max depending on age scale	No Charge
Mammography	10% *	30%	No Charge
Second opinion – surgery	10% *	30%	\$15
Emergency Room (ER care)	10% *	10% *	\$50 in area /20% out
Ambulance	10% *	30%	20%
Inpatient Hospital Services			
Room & Board	10% *	30%	No Charge
Ancillary Services	10% *	30%	No Charge
Physician services	10% *	30%	No Charge
Surgery	10% *	30%	No Charge
Anesthesia	10% *	30%	No Charge
Outpatient Services			
Chemotherapy	10% *	30%	\$15
Radiation Therapy	10% *	30%	\$15
Surgery	10% *	30%	\$15
Allergy Testing	10% *	30%	\$15
Other Diag. Lab, X-ray & Psych Testing	10% *	30%	\$15
Anesthesia	10% *	30%	No Charge; \$15 office visit copay applies
Mental Health Services			
Inpatient care	10% *	30%	No Charge
Outpatient Care	10% *	30%	\$15
Other Services			
Durable Medical Equipment	10% *	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge
Nursing facility - skilled care	10% *; 120 days per year	30%; 120 days per year	No Charge, 100 days benefit period
Physical & Occupational Therapy	10% *	30%	\$15

*Deductible does not apply.

NON-MEDICARE RETIREES

PPO and HMO Prescription Drug Plans – EUTF

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)		HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy	Non-participating Pharmacy	Copayment up to
RETAIL PRESCRIPTION PROGRAM (30 day supply)			
Generic	\$5 copayment	\$5 + 20% of eligible charges	\$15
Preferred Brand Name	\$15 copayment	\$15 + 20% of eligible charges	\$15
Other Brand Name	\$30 copayment	\$30 + 20% of eligible charges	\$15
Injectables and Specialty Drug	20% Up to \$250 copay maximum; \$2,000 out-of-pocket maximum per plan year	Not a benefit	\$15
Insulin			
Preferred Insulin	\$5 copayment	\$5 + 20% of eligible charges	\$15
Other Insulin	\$15 copayment	\$15 + 20% of eligible charges	\$15
Diabetic Supplies			
Preferred Diabetic Supplies	No copayment	No copayment	\$15
Other Diabetic Supplies	\$15 copayment	\$15 + 20% of eligible charges	\$15
MAINTENANCE MEDICATION – RETAIL & MAIL (90 day supply)	Mail order or CVS Caremark or Any Network Retail Pharmacy		
Generic	\$10 copayment		\$30
Preferred Brand Name	\$30 copayment		\$30
Other Brand Name	\$60 copayment		\$30
Specialty Drug	Not available via Mail Order and only available in up to 30 day supply		\$30
Insulin			
Preferred Insulin	\$10 copayment		Not available through Mail Order
Other Insulin	\$30 copayment		Not available through Mail Order
Diabetic Supplies			
Preferred Diabetic Supplies	No copayment		\$30
Other Diabetic Supplies	\$30 copayment		\$30

NON-MEDICARE RETIREES

Non-Medicare Retiree Prescription Drug Plan Provisions

The PPO Prescription Drug plan for all **non-Medicare eligible retiree** participants includes many programs that offer a financial incentive for participants to use the generic equivalent or Preferred Brand medication without compromising care as these medications have been determined to provide the same level of effectiveness. Preferred medications are usually priced lower than Non-Preferred brand name medications and have lower copayments.

Utilization Management Programs

In an ongoing effort to effectively manage the prescription drug benefit, certain medications are subject to clinical guidelines as part of the prescription benefit plan design. The drug benefit includes the addition of the following three (3) clinical guidelines:

1. ***Quantity Limitations*** – Ensures participants receive the medication in the quantity considered safe by the Food and Drug Administration (FDA), medical studies and input, review, and approval from the **CVS Caremark** National Pharmacy and Therapeutics (P&T) Committee.
2. ***Generic Step Therapy Program*** - targets single-source, non-preferred brand medications by requiring that a cost-effective generic alternative be used first before the brand medication. When a prescription for a targeted single-source brand is presented to the pharmacy, the system will check for previous use of an appropriate generic. If the plan participant's claim history shows that a 30-day supply of an appropriate generic was dispensed within a predetermined timeframe (180 or 365 days depending on drug class), the plan will cover the single-source brand. However, if there is no evidence of prior use of an appropriate generic as identified by the plan participant's claim history, the claim will reject and the plan participant must obtain a new prescription for an appropriate generic or select preferred brand, pay out-of-pocket for the non-covered brand, or contact the physician to request a Prior Authorization (PA). If the PA option is requested, the physician must contact the dedicated GSTP PA team at 1-877-418-4131 and provide clinical evidence if a lower-cost alternative is not appropriate.
3. ***Prior Authorization*** – Authorization process to ensure medical necessity of targeted drugs/classes before they are covered by the plan.

Specialty Drug Program

Specialty medications, such as self-administered injectable specialty drugs, may be obtained from any retail pharmacy that participates in the CVS Caremark network and will supply the medication. In addition, specialty medications may be obtained through the CVS Caremark Specialty Drug Program through CarePlus pharmacy. Members or physicians can contact CarePlus Pharmacy at 808-254-2727 for assistance in ordering specialty medications. Claims for specialty drugs delivered in an outpatient doctor's office visit or home setting must be submitted to CVS Caremark for coverage.

The Specialty Guideline Management (SGM) Program uses evidence-based care plans and medication management outreach programs to help participants use these complex medications properly. All specialty medications require Prior Authorization. Please call SGM @ 808-254-4414 for prior authorization.

NON-MEDICARE RETIREES

Medications that fall within the Tier 4 (specialty drugs) will be subject to a 20% participant co-insurance up to a maximum \$250 co-payment per fill. There is a \$2,000 out-of-pocket maximum per person per plan year for specialty drug copayments.

Exception: Oral oncology medications provided under the Specialty Rx Program will have a Tier 3 copayment instead of Tier 4 copayment.

The copayments for specialty medications for HSTA VB members are based upon the applicable copayment which is usually a brand copayment.

If you have questions about your prescription drug benefits, call CVS Caremark at 1-855-801-8263. Representatives are available 24-hours a day to assist with your questions. You can also view the CVS Caremark Specialty Drug list found on caremark.com for a full listing of specialty therapeutic classes and medications.

Voluntary Mail Order Program for Maintenance Medications for EUTF non-Medicare Retirees

Maintenance medications are those prescriptions taken for an extended period of time to treat such chronic conditions as high blood pressure, diabetes, heart disease or high cholesterol. The Maintenance Mail Order Program is now voluntary, but the requirement to fill all maintenance medications as a 90-day supply is still required whether you fill your prescription for maintenance medications at the CVS Mail Order Facility, or through the retail pharmacy in the CVS Caremark network. Participants are allowed three (3) 30-day fills at the retail pharmacy for each new medication or new dosage amount in order to determine if the medication or dosage is correct. When you fill a prescription for a 90-day supply of a maintenance medication through either the mail order facility or through a retail pharmacy, you will pay two copayments for a three month supply. The cost to the plan is the lowest if you use the mail order facility or a Longs Drugs pharmacy to fill your prescriptions for maintenance medications, so you are encouraged to continue to use these facilities in order to keep plan costs lower.

The following programs apply to the EUTF CVS Caremark pharmacy coverage only and not to the HSTA VB pharmacy plans.

Dispensed as Written (DAW 1&2) Program

The Dispensed as Written Program requires participants use a generic equivalent medication, when available, in place of the associated brand name medication. The standard generic co-payment will apply. However, if a participant or their physician chooses to use a brand medication rather than the generic equivalent, then the co-payment becomes the standard generic co-payment plus the difference in the cost of the generic and brand medication.

The following program applies to the HSTA VB pharmacy plans not to the EUTF CVS Caremark pharmacy coverage

Dispensed as Written (DAW 2) Program

The Dispensed as Written Program requires participants use a generic equivalent medication, when available, in place of the associated brand name medication. The standard generic co-payment will apply. However, if a participant chooses to use a brand medication rather than the generic equivalent, then the co-payment becomes the standard generic co-payment plus the difference in the cost of the generic and brand medication.

NON-MEDICARE RETIREES

PPO and HMO Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)		HMO Prescription Drug Plan (Kaiser)
RETAIL PRESCRIPTION PROGRAM (30 day supply)	Participating Pharmacy	Non-participating Pharmacy	Copayment up to
Generic and Insulin	\$5 copayment	\$5 + 30% of eligible charges	\$10
All covered Brand Name	\$15 copayment	\$15 + 30% of eligible charges	\$10
Specialty Drug	Specialty medications are subject to the applicable Brand/Generic copayment		\$10
MAINTENANCE MEDICATION – RETAIL & MAIL (90 day supply)	Mail order or CVS Caremark or Any Network Retail Pharmacy		
Generic and Insulin	\$9 copayment		\$20; Insulin not available through Mail Order
All covered Brand Name	\$27 copayment		\$20
Specialty Drug	Not available via Mail Order and only available in up to 30 day supply		\$20 for Mail Order; \$30 for Retail
Lancets, Strips and Meters	No copayment		50% coinsurance

MEDICARE RETIREES

Introduction to MEDICARE and EUTF Plans

The following is a brief review of Medicare coverage and enrollment. For full details, please contact the Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE or www.cms.gov.

What is Medicare?

Medicare is the federal government's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare too, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease). The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Medicare has four parts:

- Medicare Part A – Hospital insurance that helps pay for patient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medicare Part B – Medical insurance that helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medicare Part C – Advantage plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C.
- Medicare Part D – Prescription drug coverage that helps pay for medications doctors prescribe for treatment.

Who is eligible for Medicare?

Medicare Part A – Hospital Insurance

Medicare Part A is available at no premium cost for most people age 65 or older who are citizens or permanent residents of the United States. You are eligible at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- You or your spouse or DP/CUP (living or deceased, including divorced spouses) worked long enough in a job where Medicare taxes were paid; or
- You are the dependent parent of a fully insured deceased child.

If you do not meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. Usually, you can sign up for Medicare Part A only during designated enrollment periods.

Medicare Part B – Medical Insurance

Medicare Part B requires a monthly premium payment.

Anyone who is eligible for Medicare Part A can enroll in Medicare Part B. If you are not eligible for free Medicare Part A, you can buy Medicare Part B if you are age 65 or older and you are –

- A U.S. citizen; or
- A lawfully admitted noncitizen who has lived in the United States for at least 5 years.

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The premium is the same whether or not you are enrolled in Medicare Part A. Some beneficiaries with higher incomes will pay a higher monthly Part B premium.

Please note that Hawaii law requires retirees and their dependents who are eligible for Medicare Part B to enroll in order to be covered by EUTF retiree medical and/or prescription drug plans.

Medicare Part C – Advantage Plan

If you have enrolled for Medicare Parts A and B, you can join a Medicare Advantage plan.

Medicare Advantage plans include:

- Medicare managed care plans;
- Medicare preferred provider organization (PPO) plans;
- Medicare private fee-for-service plans; and
- Medicare specialty plans.

The EUTF Kaiser Medicare Retiree plan (Senior Advantage) is a Medicare Part C plan.

Medicare Part D – Prescription Drug Coverage

Anyone who has Medicare Part A (hospital insurance), Medicare Part B (medical insurance) or a Medicare Part C (Advantage plan) is eligible for Medicare Part D (prescription drug coverage).

Please note: The EUTF retiree prescription drug plan is a Medicare Part D plan and is therefore governed by Medicare rules. Medicare requires that you can only be enrolled in one Medicare Part D plan. Therefore, if you enroll in another Medicare Part D plan, you and your dependents will be cancelled from the EUTF retiree prescription drug plan. HSTA VB retirees who disenroll from the HSTA VB prescription drug plan will also be cancelled from their HSTA VB medical, vision and chiro plans, which are bundled plans. If your EUTF plans are cancelled you will lose the employer premium contribution and will not be able to reenroll until the next EUTF Retiree Open Enrollment.

Signing up for Medicare

When should I apply?

Medicare eligible retirees must enroll in Medicare Part B to continue to be covered under an EUTF retiree medical and/or prescription drug plan. A spouse/civil union or domestic partner who is enrolled as a dependent under an EUTF retiree medical and/or prescription drug plan must also enroll in Medicare Part B when they become eligible for Medicare, regardless of whether they are retired or actively employed.

Retirees who are less than 65 years old: Contact Social Security three months prior to your 65th birthday.

Retirees who are 65 at the time of retirement: Contact Social Security to enroll three months prior to your retirement date.

Initial enrollment period for Medicare Part B

You have a seven-month period in which to sign up for Medicare Part B (medical insurance). A delay on your part will cause a delay in coverage and result in higher premiums. If you are eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65 and ends three months after that birthday.

MEDICARE RETIREES

Failure to enroll in Medicare Part B during the initial enrollment period also means you will need to wait until the next Medicare Part B open enrollment period which is January 1 – March 31, with an effective date of July 1.

When does my enrollment in Part B become effective?

If you accept the automatic enrollment in Medicare Part B, or if you enroll in Medicare Part B during the first three months of the initial enrollment period, your Medicare Part B will start with the month you are first eligible. If you enroll during the last four months, your plan will start from one to three months after you enroll.

You must provide the EUTF with proof of your Medicare Part B enrollment within 60 days of becoming eligible. Failure to do so will result in cancellation of your EUTF retiree medical and/or prescription drug plans.

Medigap & Other Medicare Plans

The EUTF retiree medical and/or prescription drug plans cover many of the same benefits as a Medigap policy. Therefore, there is no need for you to enroll in a Medicare Advantage Medigap plan as long as you are enrolled in an EUTF retiree medical and prescription drug plan. Also enrollment in a non-EUTF Medicare Advantage Plan may jeopardize your enrollment in an EUTF retiree prescription drug plan.

Medicare enrollment and Active employment

While you are still an active employee with an EUTF employer, you are not required to enroll in Medicare. Medicare enrollment is only required for coverage under retiree plans. However, if you are enrolled in an EUTF retiree medical and/or prescription drug plan as a dependent and are eligible for Medicare Part B, you are required to enroll in Medicare B even if you are still actively working.

If during your retirement, you are actively employed and covered by another employer's health plan, you will still be required to enroll in Medicare Part B in order to continue coverage under the EUTF retiree medical and/or prescription drug plans.

Medicare Premium Payment and Reimbursement

Medicare is financed by a portion of the payroll taxes paid by workers and the employers. It is also financed in part by monthly premiums paid by the subscriber.

The Medicare Part B premium is usually deducted from the monthly Social Security pension. Retirees who are covered by EUTF retiree medical and/or prescription drug plans are eligible for reimbursement of Medicare Part B premiums. Please refer to page 44 for more details.

MEDICARE RETIREES

Medical Plan Coverage Chart (HMSA and Kaiser) - EUTF

This summary chart is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions apply. For complete information on plan benefits, please refer to the HMSA or Kaiser Guide to Benefits, which may be obtained from HMSA or Kaiser directly or from, eutf.hawaii.gov. In the case of a discrepancy between this Reference Guide and the language contained in the Guide to Benefits, the language in the Guide to Benefits will take precedence.

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN			
Benefits will be administered as described in each plan’s documents.			
Plan Provisions	HMSA PPO		Kaiser HMO**
General			
Deductible Single/Family	\$100 per person Maximum \$300 per family		None/None
Out-of-pocket limit Single/Family	\$2,500 per person Maximum \$7,500 per family		\$2,000 per person Maximum \$6,000 per family
Lifetime Benefit Maximum	None		None
	Your Copayment		
	In-Network	Out-of-Network	
Physician Services			
Primary Care Office Visit	10% *	30%	\$15
Specialist Office Visit	10% *	30%	\$15
Routine physical exams	Not Covered	Not Covered	No Charge
Mammography	20% *	30% *	No Charge
Second opinion – surgery	10% *	30%	\$15
Emergency Room (ER care)	10% *	10% *	\$50
Ambulance	20%	30%	20%
Inpatient Hospital Services			
Room & Board	10% *	30%	No Charge
Ancillary Services	10% *	30%	No Charge
Physician services	10% *	30%	No Charge
Surgery	10% *	30%	No Charge
Anesthesia	10% *	30%	No Charge
Outpatient Services			
Chemotherapy	20%	30%	\$15
Radiation Therapy	20% *	30%	\$15
Surgery	10% * (Cutting)	30%	\$15
Allergy Testing	20%	30%	\$15
Other Diag. Lab, X-ray & Psych Testing	20% *	30%	No Charge
Anesthesia	10% *	30%	\$15
Mental Health Services			
Inpatient care	10% *	30%	No Charge
Outpatient Care	10% *	30%	\$15
Other Services			
Durable Medical Equipment	20%	30%	20%, some exclusions
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge, Home Care
Nursing facility - skilled care	10% *, 120 days per year	30%, 120 days per year	No Charge, 100 days per benefit period
Physical & Occupational Therapy	20%	30%	\$15

*Deductible does not apply.

**Contact Kaiser Permanente for questions about Senior Advantage benefits.

MEDICARE RETIREES

Medical Plan Coverage Chart (HMSA and Kaiser) - HSTA VB

SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN			
Benefits will be administered as described in each plan’s documents.			
Plan Provisions	HMSA PPO		Kaiser HMO**
General			
Deductible Single/Family	\$100 per person Maximum \$300 per family		None/None
Out-of-pocket limit Single/Family	\$2,000 per person Maximum \$6,000 per family		\$2,000 per person Maximum \$6,000 per family
Lifetime Benefit Maximum	\$2,000,000		None
	Your Copayment		
	In-Network	Out-of-Network	
Physician Services			
Primary Care Office Visit	10% *	30%	\$15
Specialist Office Visit	10% *	30%	\$15
Routine physical exams	No Charge*; limited to combined CY dollar max depending on age scale	No Charge*; limited to combined CY dollar max depending on age scale	No Charge
Mammography	10% *	30%	No Charge
Second opinion – surgery	10% *	30%	\$15
Emergency Room (ER care)	10% *	10% *	\$50
Ambulance	10% *	30%	20%
Inpatient Hospital Services			
Room & Board	10% *	30%	No Charge
Ancillary Services	10% *	30%	No Charge
Physician services	10% *	30%	No Charge
Surgery	10% *	30%	No Charge
Anesthesia	10% *	30%	No Charge
Outpatient Services			
Chemotherapy	10% *	30%	\$15
Radiation Therapy	10% *	30%	\$15
Surgery	10% *	30%	\$15
Allergy Testing	10% *	30%	\$15
Other Diag. Lab, X-ray & Psych Testing	10% *	30%	No Charge
Anesthesia	10% *	30%	No Charge; \$15 office visit copay applies
Mental Health Services			
Inpatient care	10% *	30%	No Charge
Outpatient Care	10% *	30%	\$15
Other Services			
Durable Medical Equipment	10% *	30%	20%
Home Health care	No Charge*	30%	No Charge
Hospice Care	No Charge*	Not Covered	No Charge, Home Care
Nursing facility - skilled care	10% *; 120 days per year	30%; 120 days per year	No Charge, 100 days benefit period
Physical & Occupational Therapy	10% *	30%	\$15

*Deductible does not apply.

**Contact Kaiser Permanente for questions about Senior Advantage benefits.

MEDICARE RETIREES

Medicare Part D Prescription Drug Plans – EUTF

The EUTF's Medicare Part D prescription drug plan is administered by SilverScript, the Medicare Part D administrator for CVS Caremark. This plan is the prescription drug coverage for the PPO options and for stand-alone drug coverage. The Kaiser Medicare Part D prescription drug coverage is included under the Kaiser Senior Advantage Medical Program.

COVERAGE	PPO Prescription Drug Plan (Administered by SilverScript)	HMO Prescription Drug Plan (Kaiser)
RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)	Medicare Participating Pharmacy	Copayment up to
Generic	\$5/\$10/\$10 copayment	\$15/\$30/\$45 copayment
Preferred Brand Name	\$15/\$30/\$30 copayment	\$15/\$30/\$45 copayment
Non-Preferred Brand Name	\$30/\$60/\$60 copayment	\$15/\$30/\$45 copayment
Specialty Drug	20% coinsurance Up to a \$250 copay max	\$15/\$30/\$45 copayment
Insulin		
Covered Insulin Products	\$5/\$10/\$10 copayment	\$15/\$30/\$45 copayment
Diabetic Supplies		
Lancets, Strips and Meters	No copayment	\$15/\$30/\$45 copayment
MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)	Mail Order or CVS Caremark	
Generic	\$5/\$10/\$10 copayment	\$15/\$30/\$30 copayment
Preferred Brand Name	\$15/\$30/\$30 copayment	\$15/\$30/\$30 copayment
Non-Preferred Brand Name	\$30/\$60/\$60 copayment	\$15/\$30/\$30 copayment
Specialty Drug	Not Available	\$15/\$30/\$30 copayment
Insulin		
Covered Insulin Products	\$5/\$10/\$10 copayment	Not available through Mail Order
Diabetic Supplies		
Lancets, Strips and Meters	Not available through CVS/Caremark Mail Order	\$15/\$30/\$30 copayment

MEDICARE RETIREES

Medicare Part D Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (Administered by SilverScript)	HMO Prescription Drug Plan (Kaiser)
RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)	Participating Pharmacy	Copayment up to
Generic and Covered Insulin Products	\$3/\$9/\$9 copayment	\$10/\$20/\$30 copayment
All Covered Brand Name	\$9/\$27/\$27 copayment	\$10/\$20/\$30 copayment
Specialty	Specialty medications are subject to the applicable Brand/Generic copayment	\$10/\$20/\$30 copayment
Diabetic Supplies		
Lancets, Strips and Meters	No copayment	20%
MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)	Mail Order or CVS Caremark	
Generic and Covered Insulin Products	\$3/\$9/\$9 copayment	\$20/\$40/\$40 copayment; Insulin not available through Mail Order
All Covered Brand Name	\$9/\$27/\$27 copayment	\$20/\$40/\$40 copayment
Specialty	Not available	\$20/\$40/\$40 copayment
Diabetic Supplies		
Lancets, Strips and Meters	Not available through CVS/Caremark Mail Order	20%

The EUTF will implement the Centers for Medicare & Medicaid Services (CMS) formulary changes to the PPO Prescription Drug's preferred product medication list for **Medicare eligible retiree** participants effective January 1, 2014. Plan changes are outlined in the Annual Notice of Change (ANOC) and available online at eutf.hawaii.gov, eutf.silverscript.com, or hstavb.silverscript.com. Also refer to the Evidence of Coverage and Abridged Formulary List for additional details on your plan benefits.

Prior Authorization

For certain drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you. This is called "prior authorization." Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

To avoid paying a higher out-of-pocket co-payment for Non-Preferred medication, participants are encouraged to speak with their physician to determine if a Generic or Preferred medication is appropriate for their treatment. Any change in drug therapy will be on a voluntary basis and should be discussed with a physician.

MEDICARE RETIREES

EUTF Medicare Part D Prescription Drug Plan

Attention: Medicare Eligible Members

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you additional choices for prescription drug coverage through Medicare Part D. The EUTF sponsored prescription drug plan offers benefits that are as good, or better, than the standard Medicare Part D plan coverage. Your Notice of Creditable Coverage is available on the EUTF website. **If you enroll in another Part D plan, you will lose your Medicare Part D coverage through the EUTF.**

The EUTF Prescription Drug Plan provided for Medicare eligible retirees and/or dependents is a MEDICARE PART D plan. You can only enroll in one Medicare Part D plan. If you enroll in a Medicare Part D plan other than the EUTF plan, your EUTF prescription drug plan will be cancelled.

The **Medicare Prescription Drug Program** (Medicare Part D) was established to provide prescription drug coverage for eligible Medicare individuals. Your employer is required to inform you whether or not your prescription drug plan is creditable or non-creditable.

Notice of Creditable Coverage (see page 14)

Since you are or may become eligible for Medicare during the next year, the EUTF is required by law to notify you regarding your rights to the Medicare Part D prescription drug coverage. If you are enrolled in an EUTF plan, your prescription drug benefits are as good as or better than the standard Medicare Part D drug benefits. Although you have the right to join a Medicare Part D prescription drug plan, doing so may disrupt your regular medical coverage, and you do not have to do so at this time. Medicare will not penalize you if you decide to enroll in a Medicare Part D plan in the future, because the prescription drug coverage you now have through the EUTF is creditable coverage.

If you decide to join a Medicare Part D plan, you should compare the different drugs that are available under your current plan with EUTF and the alternative plans. Not all Medicare Part D plans cover the same drugs, nor provide the coverage at the same cost.

EUTF will enroll all Medicare-eligible participants into the EUTF's Medicare Part D Prescription Drug benefit plan. Please contact the EUTF for information on the process involved. What this means to you is, if you are a Medicare-eligible participant, **you do not need to leave the EUTF prescription drug plan and enroll in another Medicare Part D plan to obtain prescription drug benefits.**

If you are a Kaiser member and are Medicare eligible, you must enroll in Kaiser's Senior Advantage plan. You will be required to complete a Kaiser Permanente Senior Advantage enrollment form. All Kaiser Medicare eligible members are enrolled in the Medicare Part D plan through Kaiser Senior Advantage.

MEDICARE RETIREES

The open enrollment period for all EUTF retirees is from October 4, 2013 through October 31, 2013. You will probably start receiving advertisements from other plans during this time. Please know that if you are happy with your coverage under the EUTF Part D plan, you do not have to take any action. Medicare only allows you to enroll in one Medicare Part D plan. Therefore, if you enroll in a non-EUTF Part D plan, you will be **terminated** from the EUTF's Medicare Part D plan.

If you do not want to enroll in a non-EUTF Part D plan, do nothing. You will automatically stay in the EUTF Medicare Part D plan.

Frequently Asked Questions and Answers:

Why will I receive communications and marketing materials for other non-EUTF Part D drug plans?

CMS allows all Part D plans to reach out to Medicare participants, beginning October 15 of each year. Other Part D plans may contact you to encourage enrollment in their plan during this time, thereby leaving (i.e., disenrolling from) the EUTF's Medicare Prescription Drug plan.

What happens if I do choose to enroll in another Part D drug plan?

If you do decide to enroll in a non-EUTF Part D plan, you will be disenrolled from the EUTF Medicare Part D plan because Medicare allows you to enroll in only one Part D plan.

Is the EUTF Medicare plan as good as other Medicare Part D plans?

All Part D plans must offer a minimum coverage to meet the Medicare Standard Part D plan requirements. The EUTF Medicare Part D plan exceeds this minimum and offers participants richer, more generous, coverage than the Medicare Standard Part D plan. The chart on page 43 provides a comparison of benefits under the EUTF Medicare Part D plan and a Standard Medicare Part D plan. Overall, there are no existing Part D plans that we know of that provide better coverage than the EUTF's.

What must I do if I choose to enroll in a non-EUTF Part D plan?

Please notify the EUTF in writing that you have enrolled in another Part D plan.

What if I have the Kaiser Permanente Senior Advantage medical plan?

All Medicare eligible members are enrolled in the Medicare Part D plan through Kaiser Senior Advantage. The EUTF enhances the Medicare Part D coverage with supplemental drug benefits that makes your current prescription drugs coverage better than the standard Medicare Part D plan.

How do SilverScript and Kaiser choose prescription drugs for their preferred drug lists (formulary)?

Pharmacy Benefit Managers such as SilverScript and Kaiser have committees of pharmacists who continually review drug data and studies on new and existing drugs. Based on this data they create prescription drug formularies of those medications that have been shown to be the most effective at the most reasonable cost for each therapeutic class of medications.

CMS requires two drugs in every therapeutic category and class. CMS thoroughly evaluates the submitted formulary design to ensure that it contains adequate access to medically necessary drugs and does not discriminate against any groups of beneficiaries.

MEDICARE RETIREES

If I enroll in a non-EUTF Part D plan, will I be reimbursed for my Medicare Part D premiums?
No.

What happens to my spouse's/domestic or civil union partner's EUTF coverage if my spouse or DP/CUP chooses to enroll in a non-EUTF Part D plan?

If you are enrolled in the EUTF prescription drug plan and your spouse or DP/CUP opts out of the plan, your spouse or DP/CUP will be disenrolled from the EUTF Part D plan.

I have multiple medical and prescription drug plans through different employers. How is it determined how much each plan pays and how much I pay?

Coordinating benefits between multiple plans follows standard nationally recognized rules for Coordination of Benefits. When Medicare is involved, the rules have been set by federal legislation which dictates when Medicare is the primary or secondary payer. Whether one plan is primary or secondary depends on the insured's status and type of plan such as active employee or retiree; insured subscriber or dependent; Medicare or non-Medicare. Additionally each drug plan may have its own rules such as requiring mail order which must be satisfied for any benefits to be available from that plan. Sometimes these rules conflict and it is not possible to receive payment from both plans.

I am enrolled in Kaiser medical plan. What will happen if I enroll in a Medicare Part D plan other than Kaiser.

If you enroll in Medicare Part D with another carrier, you will be automatically terminated from the Kaiser medical plan and you will have the choice to either enroll in a PPO medical plan (HMSA) or not to enroll in any medical plan. The Medicare Part D prescription drugs plan is part of the Senior Advantage plan. You cannot have one without the other.

If I'm enrolled in the EUTF Medicare Part D drug plan, am I required to get my maintenance drugs by mail order?
No.

I am an HSTA VB retiree. If I enroll in a non-EUTF Medicare Part D prescription drug plan, will I lose medical, vision, and chiropractic benefits?

Yes. These are bundled coverages and cannot be enrolled in or disenrolled from separately.

However, you would be able to enroll in the EUTF (not HSTA VB) PPO medical and vision plans.

Is the SilverScript preferred drug list (formulary) the same as the formulary for the CVS Caremark plan for non-Medicare retirees?

No. There are prescription drugs that may not be included under the Part D plan but are covered under the EUTF non-Medicare retiree plan.

MEDICARE RETIREES

Table Comparison of EUTF's Prescription Drug Plans vs. a Standard Medicare Part D Plan

PLAN FEATURE				EUTF MEDICARE PART D PLAN		KAISER SENIOR ADVANTAGE MEDICARE PART D PLAN	
ANNUAL DEDUCTIBLE:							\$0
COPAYMENTS:							
		GENERIC	PREFERRED	NON- PREFERRED	INJECTABLES AND SPECIALTY		
RETAIL 30 DAYS		\$5	\$15	\$30	20%	\$15	
RETAIL 90 DAYS		\$10	\$30	\$60	20%	\$45	
MAIL ORDER 90 DAYS		\$10	\$30	\$60	NOT A BENEFIT	\$30	
SPECIALTY:		\$250 MAXIMUM COPAY PER FILL					
MAXIMUM ANNUAL OUT-OF-POCKET:		AFTER A PERSON HAS SPENT \$4,550* IN ELIGIBLE OUT-OF-POCKET DRUG COSTS IN A YEAR, YOU QUALIFY FOR THE CATASTROPHIC COVERAGE. PLEASE REFER TO YOUR 2014 EVIDENCE OF COVERAGE BOOKLET.					
PLAN FEATURE							STANDARD CMS APPROVED MEDICARE PART D PLAN
ANNUAL DEDUCTIBLE:							\$310
COST OF COVERED DRUGS							
CO-INSURANCE:		YOU PAY:			MEDICARE PAYS:		
UP TO \$310		100%			0%		
FROM \$311 TO \$2,849		25%			75%		
FROM \$2,850 TO \$4,549		100%			0%		
OVER \$4,550		5%			95%		
MAXIMUM ANNUAL OUT-OF-POCKET:		AFTER A PERSON HAS SPENT \$4,550* IN ELIGIBLE OUT-OF-POCKET DRUG COSTS IN A YEAR, MEDICARE PAYS 95% OF THE DRUG COSTS FOR THE REMAINDER OF THE YEAR.					

*\$4,550 subject to change annually per CMS

MEDICARE RETIREES

EUTF Medicare Part B Reimbursements

WHAT: When you become eligible for Medicare, you must enroll in Medicare Part B to continue your retiree medical and/or prescription drug benefits through the EUTF. The EUTF will reimburse you quarterly for the cost of the Medicare Part B premium. These payments do not include reimbursements for any penalty premium payments charged by Medicare.

WHO: Applies to all retirees and their spouses or DPs/CUPs enrolled in EUTF retiree medical and/or prescription drug plans who are eligible to enroll in Medicare Part B. Spouses or DPs/CUPs who are still working but enrolled in an EUTF retiree medical plan as a dependent are required to enroll in Medicare Part B.

HOW: The following must be submitted to the EUTF to receive reimbursement of Medicare Part B premium:

- 1) Copy of your Medicare Part B card;
- 2) Direct Deposit Agreement Form for your financial institution account, and
- 3) Copy of the letter you receive from the Social Security Administration indicating the amount of your monthly Medicare Part B premium if you pay more than the standard premium.

Your reimbursement will begin the later of the start date on your card or the 1st day of the month in which the EUTF receives a copy of your card, no earlier. The Direct Deposit Agreement Form can be found at eutf.hawaii.gov.

FREQUENTLY ASKED QUESTIONS:

Why am I required to enroll in Medicare Part B when I am eligible?

The requirement for all State and County retirees and dependents to enroll in Medicare Part B was set forth in Act 88, 2001 Session Laws of Hawaii. This Act created Chapter 87A, Hawaii Revised Statutes (HRS), which includes the following statute.

Section 87A-23(4): “All employee-beneficiaries or dependent-beneficiaries who are eligible to enroll in the Medicare Part B medical insurance plan shall enroll in that plan as a condition of receiving contributions and participating in benefits plans under this chapter. This paragraph shall apply to retired employees, their spouses or DPs/CUPs, and the surviving spouses or DPs/CUPs of deceased retirees and employees killed in the performance of duty;”

However, Section 87A-23(5) allows the EUTF Board to determine which retirees and dependents may continue to participate in the EUTF retiree medical and/or prescription drug plans even though they are not enrolled in Medicare Part B. Under this exception, the EUTF Board has allowed the following to continue to participate in EUTF retiree medical and/or prescription drug plans even if they are not enrolled in Medicare Part B: (a) retirees that attained age 65 prior to the enactment of the law that required all eligible Medicare participants to enroll in Medicare Part B; and (b) retirees who are not citizens of the United States or lawfully admitted aliens who have not lived in the United States for at least five years and are ineligible to be enrolled in Medicare.

How and when will I be reimbursed for my Medicare Part B premiums?

Under current law, the amount of your Medicare Part B reimbursement is the amount you are charged by Medicare (minus any penalties for late enrollment). Generally, your reimbursement checks will be sent or deposited quarterly during the first week of April, July, October and January for the prior quarter. If you became eligible for Medicare Part B after July 1, 2006, your reimbursements must be

MEDICARE RETIREES

direct deposited into your financial institution account. Direct deposit agreement form must be submitted.

Must I sign up for Medicare Part B if I am or my spouse or DP/CUP is still working and covered by another non EUTF employer group health insurance?

In this situation, your active employee plan will be the primary plan and the EUTF retiree medical and/or prescription drug plan will be secondary. You may be advised to delay enrollment in Medicare due to your active employee plan. However, if you wish to enroll in an EUTF retiree medical and/or prescription drug plan, you must enroll in Medicare Part B.

What will happen if my spouse or DP/CUP or I fail to enroll in Medicare Part B when eligible?

EUTF Administrative Rule 5.04 states “when the retiree fails to enroll in Medicare Part B, the enrollment for the retiree and family will be cancelled from all benefit plans offered or sponsored by the EUTF.” If the spouse or DP/CUP fails to enroll, then only the spouse or DP/CUP will be cancelled from all benefit plans offered by the EUTF. If your spouse or DP/CUP wants to continue coverage under your retiree plan, your spouse or DP/CUP is required to enroll in Medicare Part B even though he/she is still working. Enrollment in Medicare Part B is required to be eligible for coverage under the EUTF retiree medical and/or prescription drug plans.

I didn’t apply for Medicare when I turned 65 even though I did not have health coverage from my job or through my spouse’s or DP’s/CUP’s employer. What should I do?

If you missed initial enrollment (a seven-month period starting three months before your 65th birthday and ending three months after your birth month), you must wait to apply for Medicare until the general enrollment period during January and March of each year. Your coverage will start the following July. You must contact the Social Security Administration to apply for Medicare by calling 1-800-772-1213 or visit their website at SocialSecurity.gov. You will pay a 10 percent Part B premium penalty for each year you delayed signing up. Your Medicare Part B reimbursements will not include payment for any penalty amounts.

Will I be charged a higher Medicare B premium if I my delay Medicare Part B enrollment due to being covered under an active employee plan as the subscriber or dependent?

No. If you don’t enroll in Medicare Part B when you first become eligible because you or your spouse or DP/CUP were working and had group health plan coverage through that employer, you can sign up for Medicare Part B during a special enrollment period when that coverage ends. However, you will also need to waive enrolling in EUTF retiree plans since Medicare Part B enrollment is required.

If my Medicare B premium is higher than the standard amount, will EUTF reimburse that amount?

If you are notified by Medicare that your Part B premium will have an income-related monthly adjustment amount, in other words your Part B premium is higher than the standard rate due to your higher income level, you will be reimbursed for the higher amount. However, you MUST promptly send the EUTF a copy of the letter from the Social Security Administration informing you of the higher Medicare premium.

EUTF automatically re-sets your Part B reimbursement to the Medicare standard rate every January 1st. Every year Medicare reviews your income and sets your Medicare B premium accordingly. So, every year you must notify EUTF of your higher than standard Medicare B premium in order to receive the full reimbursement.

MEDICARE RETIREES

Where is a retiree's spouse's or DP/CUP's Medicare reimbursement deposited?

Both the retiree's Medicare reimbursement and the spouse's or DP's/CUP's Medicare reimbursement must be deposited in the same account at the financial institution designated. The retiree must be an account holder on the designated account.

ALL RETIREES

Dental Plan Benefits (Hawaii Dental Service [HDS]) – EUTF and HSTA VB

BENEFIT	PLAN COVERS
PLAN MAXIMUM per calendar year per member (Jan 1 – Dec 31)	\$1,000
DIAGNOSTIC	
Examinations - twice per calendar year	100%
Bitewing X-rays - twice per calendar year through age 14; once per calendar year thereafter	100%
Other X-rays (full mouth X-rays limited to once every 5 years)	100%
PREVENTIVE	
Cleanings – twice per calendar year	100%
<ul style="list-style-type: none"> Diabetic Patients – four Cleanings or *Periodontal Maintenance per calendar year Expectant Mothers – three Cleanings or *Periodontal Maintenance per calendar year 	
*Periodontal Maintenance benefit level	*60%
<ul style="list-style-type: none"> Fluoride (once per calendar year through age 19) Fluoride – high risk – once per calendar year 	100%
Space maintainers (through age 17)	100%
Sealants (through age 18) – one treatment application, once per lifetime only to permanent molar and bicuspid teeth with no prior occlusal restorations, regardless of the number of surfaces sealed.	100%
RESTORATIVE	
Amalgam (silver-colored) fillings	60%
Composite (white-colored) fillings – limited to the anterior (front) teeth	60%
Crowns and gold restorations (once every 5 years when teeth cannot be restored with amalgam or composite fillings)	60%
Note: Composite (white) and porcelain (white) restorations on posterior (back) teeth will be processed as the alternate benefit of the metallic equivalent – the patient is responsible for the cost difference up to the amount charged by the dentist.	
ENDODONTICS	60%
Pulpal therapy	
Root canal treatment, retreatment, apexification, apicoectomy	
PERIODONTICS	60%
Periodontal scaling and root planing (once every two years)	
Gingivectomy, flap curettage and osseous surgery (once every three years)	
Periodontal Maintenance – twice per calendar year after qualifying periodontal treatment	
PROSTHODONTICS	60%
Fixed bridges (once every 5 years; ages 16 and older)	
Dentures (complete and partial – once every 5 years; ages 16 and older)	
Implants (covered as alternate benefit) when one tooth is missing between two natural teeth	
ORAL SURGERY	60%
ADJUNCTIVE GENERAL SERVICES	60%
Palliative treatment (for relief of pain but not to cure)	100%

The HDS public website at www.HawaiiDentalService.com includes a section exclusively for EUTF members. In this section, you will find valuable information on your HDS dental plan including your dental benefits and plan brochure.

Sign up for an online account today to check on your eligibility for services, view information on past services, find a participating dentist in Hawaii or on the Mainland, print an ID card, rate your dentist, and receive paperless benefit statements from the convenience of your home computer or smartphone.

To sign up for an online account and paperless benefit statements:

- 1) Go to www.HawaiiDentalService.com
- 2) Click on “New User?” at the top left of the screen.
- 3) Complete the “Member Registration” form.
- 4) Select “Yes” to “Request electronic Explanation of Benefits.”
- 5) Click on “Register User” button.

ALL RETIREES

Vision Plan Benefits (Vision Service Plan [VSP]) – EUTF & HSTA VB

Your coverage with VSP Doctors and Affiliate Providers:

Exam covered in full every plan year, after \$10 Copay

Prescription Glasses

Lenses covered in full..... every plan year, after \$25 Copay

- Single vision, lined bifocal and lined trifocal lenses
- Polycarbonate lenses for dependent children up to age 18

Frame..... every other plan year

- \$120 allowance, plus 20% off any out-of-pocket costs
- Or \$65 allowance at Costco

~OR~

Contact Lenses every plan year

- \$120 allowance (applies to cost of contacts and fitting & evaluation)

*Extra Discounts and Savings from VSP Doctors**

Glasses & Sunglasses

- Average 35-40% savings on all non-covered lens options (such as tints, progressive lenses, anti-scratch coatings, etc.) UV coating is covered at no extra charge.
- 30% off additional glasses & sunglasses, including lens options, from the same VSP doctor on the same day as your Exam. Or 20% off from any VSP doctor within 12 months of your last Exam.

Retinal Screening

Guaranteed pricing on retinal screening as an enhancement to your Exam.

Contact Lenses

- 15% off cost of contact lens exam (fitting & evaluation)
- VSP has partnered with leading contact lens manufacturers to provide VSP members exclusive offers. Check out www.vsp.com for details.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from VSP-contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

**Costco Pricing applies; there are no additional discounts. All other affiliate provider locations 20% off additional glasses and 15% off contact lens services within one year. Discounts available only through a VSP Preferred Provider: LVC discounts, Retinal Screening not to exceed pricing, contact lens rebates.*

You get the best value from your VSP benefit when you visit a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 12 months to submit a claim to VSP for partial reimbursement, less copays according to the following schedule:

Out-of-Network Reimbursement Amounts

Exam.....	Up to \$45.00	Lined Trifocal Lenses.....	Up to \$85.00
Single Vision Lenses	Up to \$45.00	Frames	Up to \$47.00
Lined Bifocal Lenses.....	Up to \$65.00	Contacts.....	Up to \$105.00

Before seeing an out-of-network provider, call us at 1-866-240-8420, or go on-line at www.vsp.com to search for a VSP doctor near you!

ALL RETIREES

Life Insurance (Royal State National Insurance Company [RSN]) – EUTF & HSTA VB

Your retiree life insurance benefit is \$2,034.

In addition, your retiree life insurance includes the following added benefits:

- Repatriation of remains benefit – this benefit reimburses an individual who incurs expenses related to transporting your remains back to a mortuary near your primary place of residence if you pass away 200 miles or more away from home. The reimbursement amount is 10% of your life insurance benefit or approximately \$200.

Beneficiary changes: Existing beneficiary designation information is on file at Royal State National. Contact Royal State National at (808) 539-1600 or toll free at 1-888-942-2447 if you would like to change your beneficiary. Changes will be effective upon receipt by Royal State National. You may download the beneficiary designation form from their website at: www.royalstate.com.

EUTF Monthly Retiree Rates

EUTF Monthly Retiree Rates Effective January 1, 2014 through December 31, 2014

Benefit Plan	Type of Enrollment	Total Contribution Required
<i>MEDICAL PLANS - MEDICARE</i>		
HMSA PPO Medicare	Self	\$200.58
	Two-Party	\$390.88
	Family	\$579.46
Medicare Prescription Drug	Self	\$145.00
	Two-Party	\$282.34
	Family	\$418.60
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$377.04
	Two-Party	\$735.24
	Family	\$1,089.64
<i>MEDICAL PLANS – NON-MEDICARE</i>		
HMSA PPO Non-Medicare	Self	\$450.12
	Two-Party	\$877.08
	Family	\$1,300.22
Non-Medicare Prescription Drug	Self	\$126.14
	Two-Party	\$245.66
	Family	\$364.24
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$619.00
	Two-Party	\$1,249.40
	Family	\$1,842.84
<i>DENTAL PLAN</i>		
HDS Dental - Retiree	Self	\$31.88
	Two-Party	\$62.16
	Family	\$76.16
<i>VISION PLAN</i>		
VSP Vision - Retiree	Self	\$5.32
	Two-Party	\$10.64
	Family	\$14.28
<i>LIFE INSURANCE</i>		
Royal State National Life Insurance (Retiree only)	Self	\$4.12

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
EFFECTIVE JANUARY 1, 2014

	Monthly Premium	
1A MEDICAL/PRESCRIPTION DRUG		Kaiser
A. Non-Medicare - Self	<input type="checkbox"/>	\$619.00
B. Non-Medicare - 2-Party	<input type="checkbox"/>	\$1,249.40
C. Non-Medicare - Family	<input type="checkbox"/>	\$1,842.84
D. Medicare - Self	<input type="checkbox"/>	\$377.04
E. Medicare - 2-Party	<input type="checkbox"/>	\$735.24
F. Medicare - Family	<input type="checkbox"/>	\$1,089.64

1A \$ _____

1B MEDICAL ONLY		HMSA
A. Non-Medicare - Self	<input type="checkbox"/>	\$450.12
B. Non-Medicare - 2-Party	<input type="checkbox"/>	\$877.08
C. Non-Medicare - Family	<input type="checkbox"/>	\$1,300.22
D. Medicare - Self	<input type="checkbox"/>	\$200.58
E. Medicare - 2-Party	<input type="checkbox"/>	\$390.88
F. Medicare - Family	<input type="checkbox"/>	\$579.46

1B \$ _____

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

1C PRESCRIPTION DRUG ONLY		
A. Non-Medicare - Self	<input type="checkbox"/>	\$126.14
B. Non-Medicare - 2-Party	<input type="checkbox"/>	\$245.66
C. Non-Medicare - Family	<input type="checkbox"/>	\$364.24
D. Medicare - Self	<input type="checkbox"/>	\$145.00
E. Medicare - 2-Party	<input type="checkbox"/>	\$282.34
F. Medicare - Family	<input type="checkbox"/>	\$418.60

1C \$ _____

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

2 DENTAL		HDS
Non Medicare/Medicare		
Self	<input type="checkbox"/>	\$31.88
2-Party	<input type="checkbox"/>	\$62.16
Family	<input type="checkbox"/>	\$76.16

2 \$ _____

Select one plan and enter premium amount

3 VISION		VSP
Non Medicare/Medicare		
Self	<input type="checkbox"/>	\$5.32
2-Party	<input type="checkbox"/>	\$10.64
Family	<input type="checkbox"/>	\$14.28

3 \$ _____

Select one plan and enter premium amount

4 Add lines 1A or 1B and 1C, 2, 3 (Medical, Prescription Drug, Dental, Vision)

4 \$ _____

5 EMPLOYER CONTRIBUTION		0%	50%	75%	100%
A. Non Medicare - Self	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$368.30	<input type="checkbox"/> \$552.44	<input type="checkbox"/> \$736.60
B. Non Medicare - 2-Party	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$742.36	<input type="checkbox"/> \$1,113.54	<input type="checkbox"/> \$1,484.72
C. Non Medicare - Family	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$1,086.52	<input type="checkbox"/> \$1,629.80	<input type="checkbox"/> \$2,173.06
D. Medicare - Self	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$262.36	<input type="checkbox"/> \$393.54	<input type="checkbox"/> \$524.72
E. Medicare - 2-Party	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$525.84	<input type="checkbox"/> \$788.78	<input type="checkbox"/> \$1,051.70
F. Medicare - Family	<input type="checkbox"/>	\$0.00	<input type="checkbox"/> \$765.88	<input type="checkbox"/> \$1,148.84	<input type="checkbox"/> \$1,531.78

Check your medical selection on line 1A or 1B. (For example, if you selected 1AA, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

5 \$ _____

6 Line 4 minus line 5, enter the AMOUNT YOU OWE monthly

6 \$ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF.

HSTA VB Monthly Retiree Rates

HSTA VB Monthly Retiree Rates Effective January 1, 2014 through December 31, 2014

Benefit Plan	Type of Enrollment	Total Contribution Required
<i>MEDICAL PLANS - MEDICARE</i>		
HSTA VB Retiree - HMSA PPO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$367.82
	Two-Party	\$717.02
	Family	\$1,060.32
HSTA VB Retiree - Kaiser HMO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$391.68
	Two-Party	\$764.10
	Family	\$1,129.70
<i>MEDICAL PLANS – NON-MEDICARE</i>		
HSTA VB Retiree - HMSA PPO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$610.44
	Two-Party	\$1,189.70
	Family	\$1,761.06
HSTA VB Retiree - Kaiser HMO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$627.04
	Two-Party	\$1,265.54
	Family	\$1,864.02
<i>DENTAL PLAN</i>		
HDS Dental - Retiree	Self	\$31.88
	Two-Party	\$62.16
	Family	\$76.16
<i>VISION PLAN</i> <i>(Only for retirees enrolled in an out-of-state Kaiser Multi-Site or Sr. Advantage Plan - not a HSTA VEBA Plan)</i>		
VSP Vision - Retiree	Self	\$5.32
	Two-Party	\$10.64
	Family	\$14.28
<i>LIFE INSURANCE</i>		
Royal State National Life Insurance (Retiree only)	Self	\$4.12

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
P.O. BOX 2121
HONOLULU, HI 96805
HSTA VB RETIREES
EFFECTIVE JANUARY 1, 2014

**Monthly
Premium**

1A MEDICAL/RESCRIPTION DRUG/CHIRO/VISION Kaiser

- | | | |
|---------------------------|--------------------------|------------|
| A. Non-Medicare - Self | <input type="checkbox"/> | \$627.04 |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$1,265.54 |
| C. Non-Medicare - Family | <input type="checkbox"/> | \$1,864.02 |
| D. Medicare - Self | <input type="checkbox"/> | \$391.68 |
| E. Medicare - 2-Party | <input type="checkbox"/> | \$764.10 |
| F. Medicare - Family | <input type="checkbox"/> | \$1,129.70 |

If you are enrolled in HMSA, complete section 1B and 1C

1A \$ _____

1B MEDICAL/CHIRO/VISION HMSA

- | | | |
|---------------------------|--------------------------|------------|
| A. Non-Medicare - Self | <input type="checkbox"/> | \$610.44 |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$1,189.70 |
| C. Non-Medicare - Family | <input type="checkbox"/> | \$1,761.06 |
| D. Medicare - Self | <input type="checkbox"/> | \$367.82 |
| E. Medicare - 2-Party | <input type="checkbox"/> | \$717.02 |
| F. Medicare - Family | <input type="checkbox"/> | \$1,060.32 |

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

1B \$ _____

1C PRESCRIPTION DRUG

- | | | |
|---------------------------|--------------------------|----------|
| A. Non-Medicare - Self | <input type="checkbox"/> | \$145.92 |
| B. Non-Medicare - 2-Party | <input type="checkbox"/> | \$284.20 |
| C. Non-Medicare - Family | <input type="checkbox"/> | \$421.38 |
| D. Medicare - Self | <input type="checkbox"/> | \$150.04 |
| E. Medicare - 2-Party | <input type="checkbox"/> | \$292.14 |
| F. Medicare - Family | <input type="checkbox"/> | \$433.16 |

Select one plan and enter premium amount

If you selected a plan in 1A, do not complete this section

1C \$ _____

2 DENTAL HDS

- | | | |
|-----------------------|--------------------------|---------|
| Non Medicare/Medicare | | |
| Self | <input type="checkbox"/> | \$31.88 |
| 2-Party | <input type="checkbox"/> | \$62.16 |
| Family | <input type="checkbox"/> | \$76.16 |

Select one plan and enter premium amount

2 \$ _____

3 Add lines 1 and 2

3 \$ _____

4 EMPLOYER CONTRIBUTION

- | | | 0% | 50% | 75% | 100% |
|---------------------------|--------------------------|--------|------------|------------|------------|
| A. Non Medicare - Self | <input type="checkbox"/> | \$0.00 | \$368.30 | \$552.44 | \$736.60 |
| B. Non Medicare - 2-Party | <input type="checkbox"/> | \$0.00 | \$742.36 | \$1,113.54 | \$1,484.72 |
| C. Non Medicare - Family | <input type="checkbox"/> | \$0.00 | \$1,086.52 | \$1,629.80 | \$2,173.06 |
| D. Medicare - Self | <input type="checkbox"/> | \$0.00 | \$262.36 | \$393.54 | \$524.72 |
| E. Medicare - 2-Party | <input type="checkbox"/> | \$0.00 | \$525.84 | \$788.78 | \$1,051.70 |
| F. Medicare - Family | <input type="checkbox"/> | \$0.00 | \$765.88 | \$1,148.84 | \$1,531.78 |

Check your medical selection on line 1. (For example, if you selected 1A, your employer contribution will be non medicare self.) Enter your employer contribution amount (0% or 50% or 75%).

4 \$ _____

5 Line 3 minus line 4, enter the AMOUNT YOU OWE monthly

5 \$ _____

Please keep this sheet for your records. We do not send monthly billings or statements. Your monthly amounts will be on your confirmation notice. Payments are due by the first of the month, you may pay for more than one month of premiums on one check. Please make checks payable to EUTF.

Print or type clearly. If this form is unreadable, incomplete, or does not contain all information required, it will be sent back to you without action.

SECTION 1 - RETIREE DATA

1. Enter your last name, first name, middle initial.
2. Enter your contact information.
3. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence reaches you.
4. Mark the Open Enrollment box **only** during the annual or limited Open Enrollment period.
5. If you are enrolling with the EUTF for the first time as a retiree, you are required to provide your Social Security Number.
6. Enter your gender and birth date. If enrolling for the first time, EUTF is unable to process your paperwork without a birth date.
7. Mark the Mid-Year Qualifying Event box if you are making changes during the year when it is not Open Enrollment; and enter the date of the event. The following are the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, Retirement, Death, etc. If there are simultaneous events, please describe the most prevalent event; for example, if the event is a birth and an address change, enter Birth in the event section.
8. If you are Married, or in a Civil Union, or in a Domestic Partnership please be sure to check appropriate boxes and include date you were Married, or entered into a Civil Union, or entered into a Domestic Partnership. You must attach a copy of your civil union certificate received from the Department of Health.
9. Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree and is not being enrolled in your plans, please provide his/her Social Security Number. Dual enrollment in EUTF plans is not allowed under EUTF Administrative Rule 4.03. If both you and your Spouse/Domestic Partner are employee beneficiaries, only one of you may enroll in an EUTF Family plan, or if no other dependents are involved, both may enroll in EUTF Self plans. If your Spouse/Civil Union Partner/Domestic Partner has coverage outside of the EUTF that provides family coverage, this rule does not preclude you from also enrolling in EUTF family coverage plan to cover your Spouse/Civil Union Partner/Domestic Partner. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF.

SECTION 2 – COVERAGE AND CONTRIBUTION START SELECTION

Complete this section only if you pay towards health plan benefits

1. If the "Qualifying Event" that applies to you is listed in Section 2 [Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student], you have three choices of when your coverage and premium contributions begin. Select one of the three.
2. If no selection is made, the first option (coverage starts day of the event and premium contribution starts first day of the pay period in which the effective date of coverage occurs) will be the default option selected.
3. The event date for Marriage and Civil Union is when EUTF receives proper notification from the retiree. The event date to add a Domestic Partner (DP) is the date the Declaration of DP is notarized. Coverage starts the beginning of the pay period following the event date.

SECTION 3 – PLAN SELECTION

Mark all plans you are enrolled in/want to enroll in.

1. Carefully review each selection that you make. You can choose ONE medical, ONE dental, and ONE vision plan. Your choice of the prescription drug plan will depend on the medical plan that you select. If you select an HMO, your medical selection will include a prescription drug plan. If you select a PPO plan, you must select the prescription drug plan if you want drug coverage. If you don't make a selection, you will not have any prescription drug coverage.
2. You may choose to elect only the medical PPO plan without the prescription drug plan or vice versa. If you want both the medical and drug plans, please mark the appropriate boxes. If you do not want any plan coverage, mark the "Cancel/Waive" box.
3. If you have other health plan coverage and do not want to participate in the EUTF plans, mark the "Cancel/Waive" box for each plan that you choose not to select.
4. Life Insurance is provided by the state/county for the retiree only.

Write your name in the top right corner of page 2.

SECTION 4 – DEPENDENT INFORMATION AND PLAN SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter his/her birth date and social security number. Social Security Number is not a required field when submitting an initial EC-2 for new birth. Please be sure to submit an EC-2 to update our records for your newborn once the information received/issued by the Social Security Administration. Otherwise, you may leave the social security number blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of white letter sized paper to your EC-2.
2. Use the following Relationship codes:

SP = Spouse	CH = Child	SC = Step Child
CU = Civil Union Partner ✓	CUCH = Civil Union Child ✓	GC = Guardianship or Foster Child ✓✓
DP = Domestic Partner ✓✓✓	DPCH = Domestic Partner Child ✓✓✓	DC = Disabled Child ✓✓✓✓
3. For Relationship codes with ✓ or ✓✓ or ✓✓✓ or ✓✓✓✓, please see item #8 and #9 below for other required forms.

4. Gender – Write/type either M or F.
5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Self" box in Section 3.
6. Dependent certification. Your initials confirm that you are certifying that your spouse and dependent children are eligible to be enrolled under your enrollment. You also confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if requested by the EUTF.
7. Student certification. Your initials confirm that you are certifying that all of your dependent children ages 19 through 23, are eligible to be enrolled under your enrollment as full-time students. You further confirm that you will provide a copy of your child(ren)'s student verification letter, signed by the registrar, as required by the EUTF.
8. Civil Union Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Civil Union.
9. Domestic Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Domestic Partnership.
10. If you are enrolling a Civil Union Partner (and Civil Union Partner's children) or Domestic Partner (and Domestic Partner's children), you are required to complete all required forms in accordance with the instructions for Civil Union Partner or Domestic Partner. You are responsible to obtain, complete and submit all necessary documentation to the within 30 days from your event date. Failure to do so will result in no action taken on your Civil Union Partner or Domestic Partner coverage. You may add your Civil Union Partner or Domestic Partner at anytime outside of Open Enrollment, provided all required documents have been received by EUTF within 30 days of the event date. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding Civil Union Partnership or Domestic Partnership.
11. If you are adding an Adopted Child, Civil Union Partner and child, Domestic Partner and child or a Disabled Child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or visit our website at eutf.hawaii.gov for more information. Other EUTF forms to include with EC-2 (if applicable):
 - ✓ Civil Union Certificate issued by the State of Hawaii Department of Health (printed copies of the temporary on-line certificate are acceptable)
 - ✓ EUTF Declaration of Domestic Partnership
 - ✓ Affidavit of "Dependency" for Tax Purposes
 - ✓✓ Legal documents for guardianship or foster child
 - ✓✓✓ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership
 - ✓✓✓ Affidavit of "Dependency" for Tax Purposes
 - ✓✓✓✓ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child

SECTION 5 – MEDICARE

IMPORTANT: If you or your dependent(s) are Medicare eligible and are enrolled in a Non-EUTF Medicare Part D prescription drug plan, please provide the name(s) of those enrolled in the Non-EUTF plan. Please ensure that you carefully read the implications of being enrolled in a Non-EUTF Medicare Part D prescription drug plan. Additional information is included in your Retiree Open Enrollment Guide. You can obtain detailed information regarding Medicare Part D at the Medicare website, www.medicare.gov.

IMPORTANT NOTICE: When you or your dependent(s) become eligible for Medicare Part B, you or your dependent(s) must enroll in Medicare Part B and forward proof of enrollment (Medicare card showing Part B effective date and Direct Deposit Authorization Form) to the EUTF. Failure to comply may result in loss of all health benefits coverage. If you or your dependent(s) have recently enrolled with Medicare Part B, please complete this section and submit this EC-2 form with a copy of your Medicare card and a direct deposit agreement form to the EUTF

SECTION 6 – OTHER INSURANCE INFORMATION

1. If you or any of your dependents have health benefit coverage through another employer's health plan(s) (private / Federal), you are required to complete this section.
2. The information that you provide does not determine how your benefits are coordinated. COB rules are determined by the health benefit plans and follow the guidelines of the National Association of Insurance Commissioners (www.naic.org).

SECTION 7 – RETIREE SIGNATURE

Your signature certifies that the information provided in this application is true and complete. Retiree agrees to abide by the terms and conditions of the benefit plans selected. Retiree affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student and is also unmarried. Please enter date of Retiree's signature.

You must submit the EC-2 to the EUTF office. You may send it by mail or hand deliver. The addresses are printed at the bottom of page 2 of the enrollment form.

Print or type clearly. If this form is unreadable, incomplete, or does not contain all information required, it will be sent back to you without action.

SECTION 1 - RETIREE DATA

1. Enter your last name, first name, middle initial.
2. Enter your contact information.
3. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence reaches you.
4. Mark the Open Enrollment box **only** during the annual or limited Open Enrollment period.
5. If you are enrolling with the EUTF for the first time as a retiree, you are required to provide your Social Security Number.
6. Enter your gender and birth date. If enrolling for the first time, EUTF is unable to process your paperwork without a birth date.
7. Mark the Mid-Year Qualifying Event box if you are making changes during the year when it is not Open Enrollment; and enter the date of the event. The following are the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, Retirement, Death, etc. If there are simultaneous events, please describe the most prevalent event; for example, if the event is a birth and an address change, enter Birth in the event section.
8. If you are Married, or in a Civil Union, or in a Domestic Partnership please be sure to check the appropriate boxes and include the date you were Married, or entered in a Civil Union, or entered in a Domestic Partnership. You must attach a copy of your civil union certificate received from the Department of Health.
9. Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree and is not being enrolled in your plans, please provide his/her Social Security Number. Dual enrollment in EUTF plans is not allowed under EUTF Administrative Rule 4.03. If both you and your Spouse/Civil Union Partner/Domestic Partner are employee beneficiaries, only one of you may enroll in an EUTF Family plan, or if no other dependents are involved, both may enroll in EUTF Self plans. If your Spouse/Civil Union Partner/Domestic Partner has coverage outside of the EUTF that provides family coverage, this rule does not preclude you from also enrolling in an EUTF family coverage plan to cover your Spouse/Civil Union Partner/Domestic Partner. The dual enrollment rule does not apply if your other coverage is not provided by the EUTF.

SECTION 2 – COVERAGE AND CONTRIBUTION START SELECTION

Complete this section only if you pay towards health plan benefits

1. If the "Qualifying Event" that applies to you is listed in Section 2 [Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student], you have three choices of when your coverage and premium contributions begin. Select one of the three.
2. If no selection is made, the first option (coverage starts day of the event and premium contribution starts first day of the pay period in which the effective date of coverage occurs) will be the default option selected.
3. The event date for Marriage and Civil Union is when EUTF receives proper notification from the retiree. The event date to add a Domestic Partner (DP) is the date the Declaration of DP is notarized. Coverage starts the beginning of the pay period following the event date.

SECTION 3 – PLAN SELECTION

Mark all plans you are enrolled in/want to enroll in.

1. Carefully review each selection that you make. You can choose ONE medical and ONE dental plan. Your choice of the prescription drug and vision plan will depend on the medical plan that you select.
2. If you have other health plan coverage and do not want to participate in the EUTF plans, mark the "Cancel/Waive" box for each plan that you choose not to select.
3. Life Insurance is provided by the state for the retiree only.

Write your name in the top right corner of page 2.

SECTION 4 – DEPENDENT INFORMATION AND PLAN SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter his/her birth date and social security number. Social Security Number is not a required field when submitting an initial EC-2H for new birth. Please be sure to submit an EC-2H to update our records for your newborn once the information is received/issued by the Social Security Administration. Otherwise, you may leave the social security number blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 3 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of white letter sized paper to your EC-2H.
2. Use the following Relationship codes:

SP = Spouse	CH = Child	SC = Step Child
CU = Civil Union Partner ✓	CUCH = Civil Union Partner Child ✓	GC = Guardianship or Foster Child ✓✓
DP = Domestic Partner ✓✓✓	DPCH = Domestic Partner Child ✓✓✓	DC = Disabled Child ✓✓✓✓
3. For Relationship codes with ✓ or ✓✓ or ✓✓✓ or ✓✓✓✓, please see item #8 and #9 below for other required forms.
4. Gender – Write/type either M or F.
5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Self" box in Section 3.

6. Dependent certification. Your initials confirm that you are certifying that your spouse and dependent children are eligible to be enrolled under your enrollment. You also confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if requested by the EUTF.
7. Student certification. Your initials confirm that you are certifying that all of your dependent children ages 19 through 23, are eligible to be enrolled under your enrollment as full-time students. You further confirm that you will provide a copy of your child(ren)'s student verification letter, signed by the registrar, as required by the EUTF.
8. Civil Union Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Civil Union.
9. Domestic Partner Certification. Your initials confirm that you are certifying you have completed all the required forms in accordance with Domestic Partnership.
10. If you are enrolling a Civil Union Partner (and Civil Union Partner's children) or Domestic Partner (and Domestic Partner's children), you are required to complete all required forms in accordance with the instructions for Civil Union Partner or Domestic Partner. You are responsible to obtain, complete and submit all necessary documentation to the within 30 days from your event date. Failure to do so will result in no action taken on your Civil Union Partner or Domestic Partner coverage. You may add your Civil Union Partner or Domestic Partner at anytime outside of Open Enrollment, provided all required documents have been received by EUTF within 30 days of the event date. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding Civil Union Partnership or Domestic Partnership.
11. If you are adding a disabled child, domestic partner and child or an adopted child, please contact the EUTF at 808-586-7390 or toll free, 1-800-295-0089 or visit our website at eutf.hawaii.gov for more information. Other EUTF forms to include with EC-2H (if applicable):
 - ✓ Civil Union Certificate issued by the State of Hawaii Department of Health (printed copies of the temporary on-line certificate are acceptable)
 - ✓ EUTF Declaration of Domestic Partnership
 - ✓ Affidavit of "Dependency" for Tax Purposes
 - ✓✓ Legal documents for guardianship or foster child
 - ✓✓✓ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership
 - ✓✓✓ Affidavit of "Dependency" for Tax Purposes
 - ✓✓✓✓ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child

SECTION 5 – MEDICARE

IMPORTANT: If you or your dependent(s) are Medicare eligible and are enrolled in a Non-EUTF Medicare Part D prescription drug plan, please provide the name(s) of those enrolled in the Non-EUTF plan. Please ensure that you carefully read the implications of being enrolled in a Non-EUTF Medicare Part D prescription drug plan. Additional information is included in your Retiree Open Enrollment Guide. You can obtain detailed information regarding Medicare Part D at the Medicare website, www.medicare.gov.

IMPORTANT NOTICE: When you or your dependent(s) become eligible for Medicare Part B, you or your dependent(s) must enroll in Medicare Part B and forward proof of enrollment (Medicare card showing Part B effective date and Direct Deposit Authorization Form) to the EUTF. Failure to comply may result in loss of all health benefits coverage. If you or your dependent(s) have recently enrolled with Medicare Part B, please complete this section and submit this EC-2H form with a copy of your Medicare card and a direct deposit agreement form to the EUTF.

SECTION 6 – OTHER INSURANCE INFORMATION

1. If you or any of your dependents have health benefit coverage through another employer's health plan(s) (private / Federal), you are required to complete this section.
2. The information that you provide does not determine how your benefits are coordinated. COB rules are determined by the health benefit plans and follow the guidelines of the National Association of Insurance Commissioners (www.naic.org).

SECTION 7 – RETIREE SIGNATURE

Your signature certifies that the information provided in this application is true and complete. Retiree agrees to abide by the terms and conditions of the benefit plans selected. Retiree affirms that any listed dependent child, aged 19 through 23, is attending a college, university or technical school as a full-time student and is also unmarried. Please enter date of Retiree's signature.

You must submit the EC-2H to the EUTF office. You may send it by mail or hand deliver. The addresses are printed at the bottom of page 2 of the enrollment form.

EC-2 <small>Rev. Sept 2013</small>	Hawaii Employer-Union Health Benefits Trust Fund EC-2: Enrollment Form for Retirees	PLEASE SUBMIT THIS FORM EC-2 TO THE EUTF
SECTION 1: RETIREE DATA Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **		

Name (Last, First, Middle Initial) _____ Home Phone (____) _____ Mobile Phone (____) _____ Other Phone (____) _____ Email _____ Residence Address (<input type="checkbox"/> Check this box if your address has changed) Street _____ Line 2 _____ City _____ State _____ Zip Code _____ Mailing Address (if different from above) Street _____ Line 2 _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Open Enrollment Effective Date: ____/____/____ Retiree's Social Security Number (SSN) or EUTF ID Number _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: (MM/DD/YYYY) ____/____/____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single Marriage Date: (MM/DD/YYYY) ____/____/____ <input type="checkbox"/> Check this box if status change	<input type="checkbox"/> Mid-Year Qualifying Event (describe) Event Date: ____/____/____ Civil Union Partner (Civil Union Status) <input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified Civil Union Date: (MM/DD/YYYY) ____/____/____ <input type="checkbox"/> Check this box if status change Domestic Partner (DP Status) <input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified DP Date: (MM/DD/YYYY) ____/____/____ <input type="checkbox"/> Check this box if status change Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree and is <u>not</u> being enrolled in your plans, please provide his/her SSN: _____ or EUTF ID: _____
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SECTION 2: COVERAGE AND DEDUCTION START SELECTION If events are filed within 30 days of qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. If your event is listed below, please select one of the three options, otherwise skip this section. Qualifying Events for this Section Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student	Skip this section if RETIREE does NOT pay towards health plan benefits. Available Options for this Section <input type="checkbox"/> Coverage starts day of the event & premium contributions start 1st day of the pay period in which the effective date of coverage occurs (if no selection is made, this option will be used) <input type="checkbox"/> Coverage and premium contributions start 1st day of the first pay period [√] following event <input type="checkbox"/> Coverage and premium contributions start 1st day of the second pay period [√] following event [√] (1st or 16th of the month)
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SECTION 3: PLAN SELECTION	Make your selection by checking the all the boxes of the appropriate benefit plans below. Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection.
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Medical Plan Type	Carrier Selection	Choose only one box in each plan selection			
		Cancel/Waive	Self	2-Party	Family
PPO	PPO-90/10 HMSA Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No Prescription Drug Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prescription Drug (Not a valid selection w/ HMO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO- Kaiser Medical (Includes Prescription Drug Coverage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Plans					
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	Vision Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	Royal State National	<input type="checkbox"/>	<input type="checkbox"/>	Not available to surviving spouse/dependents.	

SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS

Please list all dependents enrolled or who you want to add/delete from your plan.

List all eligible dependents you wish to cover and check the plan selections desired. Relationship* Key: SP=Spouse, CU=Civil Union Partner, DP=Domestic Partner, CH=your Child or your Spouse's Child, CUCH=Civil Union Partner's Child, DPCH= Domestic Partner's Child, GC=Guardianship/Foster child, SC = Step Child, DC=Disabled Child if your child is age 19 or over and is also disabled. Social Security Number **:Social Security Number is not a required field when submitting an initial EC-2 for new birth. Please be sure to submit an EC-2 to update our records for your newborn once the information is received/issued by SSA.

Continue Coverage	Add	Delete	Dependent:	Birth Date	Social Security Number**	Relationship *	Gender	Medical	Drug	Dental	Vision
			Last Name (if different), First Name, Middle Initial	(MMDDYYYY)			M / F				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detailed eligibility information is available at <http://eutf.hawaii.gov> in the EUTF Administrative Rules & Chapter 87A, Hawaii Revised Statutes.

Dependent Certification and Student Certification– See Section regarding Dependent and Student Certification on “Instructions for Completing Form EC-2” for more information.

I certify that my spouse and/or dependent children meet eligibility requirements for enrollment in the EUTF plans. _____ (initials)

I certify that all of my dependent children ages 19 through 23, are full time students at an accredited scholastic institution. _____ (initials)

Civil Union Partner Certification – See Section regarding Civil Union Partner Certification on “Instructions for Completing Form EC-2” for specific instructions.

I have attached all documentation as required in the Civil Union Partner Enrollment Instructions. _____ (initials)

Domestic Partner Certification – See Section regarding Domestic Partner Certification on “Instructions for Completing Form EC-2” for specific instructions.

I have attached all documentation as required in the Domestic Partner Enrollment Instructions. _____ (initials)

SECTION 5: MEDICARE

HRS Chapter 87A-23(4) requires eligible beneficiaries to enroll in Medicare Part B as a condition of receiving contributions and participating in the EUTF retiree benefit plans. If you or your dependent(s) recently enrolled in Medicare Part B, or have not already done so, please submit a copy of the Medicare card and EUTF Direct Deposit Agreement Form to the EUTF without delay.

Name of Enrollee: _____

Medicare Claim #: _____

(ID Number listed on the red, white and blue Medicare card)

Non-EUTF Medicare Part D

If you or your dependent(s) are enrolled in a non-EUTF Medicare Part D prescription drug plan, please read Section 5 on the instruction form and enter the name(s) of those enrolled in a non-EUTF Medicare Part D plan.

Name(s): _____

SECTION 6: OTHER INSURANCE INFORMATION

If you or any of your dependents are covered through another employer's health plan(s), please provide the type of plan, name of the plan, subscriber's name, effective date of the plan, and the health plan coverage (self, two-party, family).

Type of Plan	Name of the Plan (Carrier's Name)	Subscriber's Name	Effective Date	Health Plan Coverage		
				Self	2-Party	Family
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: RETIREE SIGNATURE

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand that the benefit elections made on this application are in effect for as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I have read the benefit materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans selected.

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages. This form supersedes all forms and submissions I previously made for EUTF coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that I am subject to penalty for perjury.

Retiree Signature: _____ Date Signed: _____

Please submit your signed EC-2 form by mail to:

EUTF
P.O. Box 2121
Honolulu, HI 96805-2121

Customer Service Call Center

Oahu (808) 586-7390
Toll Free 1(800) 295-0089

Or you may hand deliver to: EUTF, 201 Merchant Street, Suite 1520, Honolulu, HI 96813

EC-2H <small>Rev. Sept 2013</small>	Hawaii Employer-Union Health Benefits Trust Fund EC-2H: Enrollment Form for HSTA VB Retirees	PLEASE SUBMIT THIS FORM EC-2H TO THE EUTF
SECTION 1: RETIREE DATA Please complete all applicable fields below. Social Security numbers are required to process new retirees and dependent enrollments. **		

Name (Last, First, Middle Initial) _____ Home Phone (____) _____ Mobile Phone (____) _____ Other Phone (____) _____ Email _____ Residence Address (<input type="checkbox"/> Check this box if your address has changed) Street _____ Line 2 _____ City _____ State _____ Zip Code _____ Mailing Address (if different from above) Street _____ Line 2 _____ City _____ State _____ Zip Code _____	<input type="checkbox"/> Open Enrollment Effective Date: ____/____/____ Retiree's Social Security Number (SSN) or EUTF ID Number _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: (MM/DD/YYYY) ____/____/____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single Marriage Date: (MM/DD/YYYY) ____/____/____ (<input type="checkbox"/> Check this box if status change)	<input type="checkbox"/> Mid-Year Qualifying Event (describe) Event Date: ____/____/____ Civil Union Partner (Civil Union Status) <input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified Civil Union Date: (MM/DD/YYYY) ____/____/____ (<input type="checkbox"/> Check this box if status change) Domestic Partner (DP Status) <input type="checkbox"/> IRS Qualified <input type="checkbox"/> Not Qualified DP Date: (MM/DD/YYYY) ____/____/____ (<input type="checkbox"/> Check this box if status change) Special Note: If your Spouse or Civil Union Partner or Domestic Partner is a State or County Employee or Retiree and is <u>not</u> being enrolled in your plans, please provide his/her SSN: _____ or EUTF ID: _____
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SECTION 2: COVERAGE AND DEDUCTION START SELECTION	Skip this section if RETIREE does NOT pay towards health plan benefits.
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If events are filed within 30 days of qualifying event date, some events allow for a selection of the Coverage and Premium Contribution Start Dates. If your event is listed below, please select one of the three options, otherwise skip this section.

Qualifying Events for this Section Adoption, Birth, Marriage, Civil Union, Domestic Partner, Placement for Adoption, Guardianship, New Eligible Student	Available Options for this Section <input type="checkbox"/> Coverage starts day of the event & premium contributions start 1st day of the pay period in which the effective date of coverage occurs (if no selection is made, this option will be used) <input type="checkbox"/> Coverage and premium contributions start 1st day of the first pay period [√] following event <input type="checkbox"/> Coverage and premium contributions start 1st day of the second pay period [√] following event √ (1st or 16th of the month)
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SECTION 3: PLAN SELECTION	Make your selection by checking the all the boxes of the appropriate benefit plans below. Select Self, Two-Party, Family or Cancel/Waive coverage. Choose only one box in each plan selection.
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Medical Plan Type	Carrier Selection	Choose only one box in each plan selection			
		Cancel/Waive	Self	2-Party	Family
PPO	PPO-90/10 HMSA Medical, Prescription Drug Coverage, Vision, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO	HMO- Kaiser Medical, (Includes Prescription Drug Coverage), Vision, Chiro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Plans		Cancel/Waive	Self	2-Party	Family
Dental	Hawaii Dental Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life	Royal State National	<input type="checkbox"/>	<input type="checkbox"/>	Not available to surviving spouse/dependents.	

Note: The enrollment of HSTA VEBA members into the health and other benefit plans created as a result of Judge Sakamoto's decision in the Gail Kono lawsuit is being solely done to comply with that decision and not to create any constitutional or contractual right to the benefits provided by those plans. Please note that the State does not agree with Judge Sakamoto's decision and reserves the right to move HSTA VEBA members into regular EUTF plans if that decision is overturned or modified.

SECTION 4: DEPENDENT INFORMATION AND PLAN SELECTIONS

Please list all dependents enrolled or who you want to add/delete from your plan.

List all eligible dependents you wish to cover and check the plan selections desired. Relationship* Key: SP=Spouse, CU=Civil Union Partner, DP=Domestic Partner, CH=your Child or your Spouse's Child, CUCH=Civil Union Partner's Child, DPCH= Domestic Partner's Child, GC=Guardianship/Foster child, SC = Step Child, DC=Disabled Child if your child is age 19 or over and is also disabled. Social Security Number **: Social Security Number is not a required field when submitting an initial EC-2H for new birth. Please be sure to submit an EC-2H to update our records for your newborn once the information received/issued by SSA.

Continue Coverage	Add	Delete	Dependent: Last Name (if different), First Name, Middle Initial	Birth Date (MMDDYYYY)	Social Security Number**	Relationship *	Gender M / F	Medical	Drug	Dental	Vision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detailed eligibility information is available at <http://eutf.hawaii.gov> in the EUTF Administrative Rules & Chapter 87A, Hawaii Revised Statutes.

Dependent Certification and Student Certification– See Section regarding Dependent and Student Certification on “Instructions for Completing Form EC-2H” for more information.

I certify that my spouse and/or dependent children meet eligibility requirements for enrollment in the EUTF plans. _____ (initials)

I certify that all of my dependent children ages 19 through 23, are full time students at an accredited scholastic institution. _____ (initials)

Civil Union Partner Certification – See Section regarding Civil Union Partner Certification on “Instructions for Completing Form EC-2H” for specific instructions.

I have attached all documentation as required in the Civil Union Partner Enrollment Instructions. _____ (initials)

Domestic Partner Certification – See Section regarding Domestic Partner Certification on “Instructions for Completing Form EC-2H” for specific instructions.

I have attached all documentation as required in the Domestic Partner Enrollment Instructions. _____ (initials)

SECTION 5: MEDICARE

HRS Chapter 87A-23(4) requires eligible beneficiaries to enroll in Medicare Part B as a condition of receiving contributions and participating in the EUTF retiree benefit plans. If you or your dependent(s) recently enrolled in Medicare Part B, or have not already done so, please submit a copy of the Medicare card and EUTF Direct Deposit Agreement Form to the EUTF without delay.

Name of Enrollee: _____

Medicare Claim #: _____ (ID Number listed on the red, white and blue Medicare card)

Non-EUTF Medicare Part D

If you or your dependent(s) are enrolled in a non-EUTF Medicare Part D prescription drug plan, please read Section 5 on the instruction form and enter the name(s) of those enrolled in a non-EUTF Medicare Part D plan.

Name(s): _____

SECTION 6: OTHER INSURANCE INFORMATION

If you or any of your dependents are covered through another employer's health plan(s), please provide the type of plan, name of the plan, subscriber's name, effective date of the plan, and the health plan coverage (self, two-party, family).

Type of Plan	Name of the Plan (Carrier's Name)	Subscriber's Name	Effective Date	Health Plan Coverage		
				Self	2-Party	Family
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7: RETIREE SIGNATURE

I am eligible for the coverage requested and declare that the individuals listed on this enrollment form are also eligible. I understand that the benefit elections made on this application are in effect for as long as I continue to meet EUTF's eligibility requirements, or until I elect to change them subject to the provisions of EUTF's plan rules. I have read the benefit materials, understand the limitations and qualifications of the EUTF benefits program and agree to abide by the terms and conditions of the benefit plans selected

A person who knowingly makes a false statement in connection with an application for any benefit may be subject to imprisonment and fines. Additionally, knowingly making a false statement may subject a person to termination of enrollment, denial of future enrollment, or civil damages. This form supersedes all forms and submissions I previously made for EUTF coverage. I hereby declare that the above statements are true to the best of my knowledge and belief, and I understand that I am subject to penalty for perjury.

Retiree Signature: _____ Date Signed: _____

Please submit your signed EC-2H form by mail to:

EUTF
P.O. Box 2121
Honolulu, HI 96805-2121

Customer Service Call Center

Oahu (808) 586-7390
Toll Free 1(800) 295-0089

Or you may hand deliver to: EUTF, 201 Merchant Street, Suite 1520, Honolulu, HI 96813

For More Information

For Questions About...	Please Contact...
Eligibility & EUTF information	eutf.hawaii.gov EUTF Customer Service Call Center 808-586-7390 or Toll Free: 1-800-295-0089 (Monday through Friday, 7:45 a.m. – 4:30 p.m. HST)
Hawaii Medical Service Association (HMSA)	www.hmsa.com 808-948-6499 or Toll Free: 1-800-776-4672 Hilo: 808-935-5441, Kailua-Kona: 808-329-5291 Kahului: 808-871-6295, Lihue: 808-245-3393 (Monday through Friday, 8:00 a.m. – 4:00 p.m. HST)
Kaiser Permanente (Kaiser)	my.kp.org/hi/eutf 808-432-5955 (Oahu) or Toll Free: 1-800-966-5955 (Neighbor Islands) (Monday through Friday, 8:00 a.m. – 5:00 p.m. HST Saturdays 8:00 a.m. – 12:00 p.m. HST)
CVS Caremark Non-Medicare Retirees: SilverScript Medicare Retirees:	www2.caremark.com/eutf 1-855-801-8263 eutf.silverscript.com hstavb.silverscript.com 1-877-878-5715
Vision Service Plan (VSP)	www.vsp.com Toll Free: 1-866-240-8420 (Monday through Friday, 5:00 a.m. – 8:00 p.m. PST Saturdays 6:00 a.m. – 5:00 p.m. PST) Oahu: 808-532-1600 or Toll Free: 1-800-522-5162 (Monday through Friday, 7:30 a.m. – 4:30 p.m. HST)
Hawaii Dental Service (HDS)	www.HawaiiDentalService.com 808-529-9310 or Toll Free: 1-866-702-3883 (Monday through Friday, 7:30 a.m. – 4:30 p.m. HST)
Royal State National (RSN)	Life Insurance 808-539-1621 or Toll Free: 888-942-2447 www.royalstate.com Chiropractic Benefit (HSTA VB only) 808-621-4774 or Toll Free: 1-800-414-8845 www.chioplanhawaii.com
CMS Centers for Medicare and Medicaid Services	cms.gov 1-800-MEDICARE

Plan information can also be found online via the “Links to Carrier Web Sites” located on the EUTF website at eutf.hawaii.gov.

State of Hawaii
Department of Budget and Finance
Hawaii Employer-Union Health Benefits Trust Fund
P.O. Box 2121
Honolulu, Hawaii 96805-2121

Attention Retiree!!

IF MAKING CHANGES TO YOUR ENROLLMENT, THE DEADLINE FOR MAILING or HAND DELIVERY OF THE ENROLLMENT FORM FOR RETIREES IS THURSDAY, OCTOBER 31, 2013. FORMS POSTMARKED OR SUBMITTED AFTER OCTOBER 31, 2013 WILL BE REJECTED.